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County Borough of



West Hartlepool.

# Annual Report

UPON THE

## Health of West Hartlepool

For the Year 1925,

BY

GORDON LILICO,

M.B., Ch.B., D.P.H.,

MEDICAL OFFICER OF HEALTH,

TUBERCULOSIS OFFICER,

SCHOOL MEDICAL OFFICER.

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WEST HARTLEPOOL:

ALEXANDER SALTON LIMITED, Printers, Argus Works, Dover Street,  
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# INDEX.

	Page
Abattoirs ... ..	86-87
Ante-Natal Work ... ..	72
Acts—Local ... ..	82
„ Adoptive ... ..	82
Appendices ... ..	46-99
Births ... ..	48
Birth Rates ... ..	48
Bronchitis and Pneumonia...	59
Cancer ... ..	35, 57-8
Cerebro-Spinal Meningitis ... ..	33
Chickenpox .. ..	34
Circular Pans ... ..	84
Clinics and Treatment Centres ... ..	69
Closet Accommodation .. ..	12
Common Lodging Houses ... ..	93
Contagious Diseases of Animals ... ..	45
Conversions ... ..	83
Deaths ... ..	7, 49-57
„ Causes and Ages ... ..	49
„ Wards ... ..	51
„ Transferable ... ..	56
„ Rates ... ..	56
Disinfection, Details of ... ..	35, 94
Diarrhoea and Enteritis ... ..	35
Diphtheria ... ..	29
Drain Testing ... ..	83
Drainage and Sewerage ... ..	12
Dysentery ... ..	34
Encephalitis Lethargica ... ..	33
Erysipelas ... ..	33
Factories and Workshops ... ..	95
Fever Hospital ... ..	9
Food ... ..	17-20, 87-91
Food and Drugs Acts ... ..	89
General Information ... ..	47
Glass in Food ... ..	91
Health Services in Area ... ..	8-11
Home Nursing ... ..	10
Hospital Accommodation ... ..	8
Hospital Relief ... ..	80
Hospitals, provided or subsidised...	80
Housing ... ..	14-17, 96-97
Illegitimate Children ... ..	44
Infant Welfare Centres ... ..	72-73
Infantile Mortality Rates ... ..	56
Infantile Mortality ... ..	53-5
Infantile Mortality—Wards ... ..	55
Infectious Diseases, Notification of ... ..	61-62
Infectious Diseases ... ..	20-40
Influenza ... ..	34, 59
Laboratory Work ... ..	98

	Page
Malaria ... ..	34
Maternity & Child Welfare 42-45, 74-75	
Maternity Hospital ... ..	9, 81-82
Marriages ... ..	48
Meat ... ..	18-19
Medical Assistance in case of Confinements ... ..	71
Midwives ... ..	11, 42, 70
Milk and Cream Regulations ... ..	88
Milk ... ..	17-18
Nursing Arrangements, Summary of	69
Natural Increase of Population ... ..	48
Nuisances ... ..	85
Notifiable Diseases ... ..	60
Offensive Trades ... ..	93
Ophthalmia Neonatorum ... ..	33, 60
Physical Features of Area... ..	5
Pneumonia ... ..	32, 59
Polioencephalitis ... ..	34
Poliomyelitis ... ..	33
Population ... ..	5
Poor Law Relief ... ..	8, 79
Premises Controlled by Bye-laws ... ..	93
Prosecutions ... ..	99
Puerperal Fever ... ..	31
Sanitary Circumstances of the District ... ..	12-14
Sanitary Inspection of the District	13, 85
Scarlet Fever... ..	28, 63
Scavenging ... ..	13, 84
Smallpox ... ..	9, 21-28
Smoke Abatement ... ..	13
Social Conditions of Area ... ..	5-6
Staff ... ..	10, 46
Tents and Vans ... ..	17
Typhoid Fever ... ..	30
Typhus Fever ... ..	33
Tuberculosis ... ..	35-40, 64-68
„ Treatment ... ..	66
„ Notified Cases ... ..	65
„ Hospital Treatment ... ..	68
„ Sanatorium ... ..	67
„ Resid. Treatment ... ..	67
„ History ... ..	66
„ Dispensary ... ..	66-68
Vaccination ... ..	28, 64
Venereal Diseases ... ..	40-42, 75-78
Vital Statistics ... ..	5-8
Vital Statistics—Extracts ... ..	47
Water Supply ... ..	12, 92
Whooping Cough ... ..	34

PUBLIC HEALTH DEPARTMENT,  
MUNICIPAL BUILDINGS,  
WEST HARTLEPOOL.  
May, 1926.

*To The Mayor, Aldermen and Councillors of the  
County Borough of West Hartlepool.*

Mr. MAYOR, ALDERMEN AND COUNCILLORS.

I herewith submit to you my Annual Report for the year 1925.

In accordance with instructions from the Ministry of Health, this Report must include a survey of the progress made for the betterment of the health and well-being of the people within your area during the past five years, and the results which have been attained.

It will be noted to your credit that big advances have been made for the benefit of mothers and their infants, for those suffering from tuberculosis, and the effort you are making for the eradication of venereal diseases. The mortality and sickness rates are decreasing, but, unfortunately, so too are the marriage and birth rates. Adverse trade conditions and want of suitable housing accommodation are factors which do much to neutralise the work of a Health Department, and we have had more than our share of these during the past five years.

The wholesale abolition of privies should be regarded as one of the big things which have been done to better the health of the inhabitants, but there are still many obstacles before you, such as the purity and storage of foods, improved isolation hospital conditions, the destruction of refuse, and so on, and these must be faced at an early date.

1925 was particularly noteworthy for the outbreak of Small-pox which appeared in the town, and the expense which was incurred in the efforts made to combat the disease.

I have to express my thanks to the Chairman and members of the Health Committee, and the Corporation officials, who have all done much to assist and support the various schemes which have been brought before them; and to the whole of the Public Health Staff I am deeply grateful for their loyal co-operation and the efficient manner in which they have carried out their work.

I am, Gentlemen,

Your obedient Servant,

GORDON LILICO.





County Borough of  West Hartlepool.

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# Report of the Medical Officer of Health

FOR THE YEAR 1925.

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## NATURAL AND SOCIAL CONDITIONS OF THE AREA.

*Appendix 2*

The *Area* of the town is 2,958 acres.

*Population*, 1921 (Census) was 68,641.

*Estimated Population*, 1925 (Registrar General) was 71,590, and it is upon these figures that our calculations in this Report are based.

*Physical Features of the Area.* The greater part of the town is built upon boulder clay, beneath which is magnesium limestone or, in the Seaton district, red limestone. Some small areas are built on made soil, and the east of Whitby Street and the higher ground in the vicinity of the Park have marl and gravel foundations.

The town is low-lying, the average height above ordnance datum being 8 feet.

The prevailing winds are from the south-west.

*Social Conditions of the Area.* The principal industries of the town are iron and steel works, ship-building, timber importations and sawmills. The aftermath of the Great



War has produced many vicissitudes to these trades, with the result that the economic conditions of the people have been seriously affected, and as a sequence the well-being and general health of the community have not shewn the improvement which one would have expected and which have been evident in places where trade conditions have been better. One cannot expect to rear, either physically or morally, an Al nation on the "dole," neither can we expect families living on the bare necessities to withstand the ravages of disease, nor are their women-folk likely to be helped much in the periods before and after confinements. It will be realised that in the local industries workers spend a great part of their time in exposed conditions, and this may partly account for the large number of pneumonia cases and the prevalence of chest conditions in the district.

*Appendices*  
3—15

VITAL STATISTICS.

*Appendix*  
4

(a) During the last five years the number of births and the birth-rate have decreased from 2,002 to 1,599 and 28.8 to 22.3 respectively. Such decreases have been going on throughout the country generally for a number of years, and they may be accounted for partly by the fact that with increased education parents are more inclined to look at the size of their family from a household economy point of view, but perhaps the principal reason is that the modern woman objects to being tied down to the rearing of a large family. From the health point of view the attitude of the woman is wrong, and from the national stand-point the final result will be a calamity.

*Appendix*  
5

(b) As with the births, the marriages and marriage rates show a decrease from 594 and 17.1 in 1921 to 539 and 15.05 in 1925.

Such decrease, which has been gradual, is partly due to bad conditions of trade and also to the want of housing accommodation.

(c) *Deaths.* During the year the deaths were recorded of 960 West Hartlepool residents, and of these 203 were at the time of death temporarily residing outside the town. The total death-rate, 13.4, compares favourably with the 14.1 of 1921, but unfavourably with the 12.2 for England and Wales. Taking a general view of the last five years there has not been much change in the curve of the actual causes of death. The number of cases from diphtheria have certainly shewn a gradual decline, but the actual number of cases has been small. On the other hand cancer has shown a gradual rise, and we have now reached our maximum of 97 deaths, or one-tenth of the total deaths, for that disease alone. On the whole, the general health shows from the death-rate, a slight improvement, but each year seems to vary as to the diseases chiefly responsible for death. In 1925, only one death was attributed to measles against an average of 20 for the previous years. We would like to put this huge improvement down to our special care of the children, to teaching the mothers to take more care and to treat the complaint more seriously, to say nothing of the nursing facilities which we now offer. Again, we may say that this has not been a very severe type of measles and the cases have been fewer. There may be some truth in all these assertions, and I am sure that there is, but there still remains some cause over which we have as yet no control and for which we usually adopt the excuse "good (or more generally bad) weather."

Infants under one year of age and adults over sixty show the greatest number of deaths, while the healthiest ages appear to be between two years and forty. Although the number of deaths amongst infants is lower than in 1921, the number of births has decreased by a quarter, a very much greater decrease than the number of deaths.

As regards the Ward distribution, the Central Ward gives way to the South-East, which has the highest death-rate, and these are closely followed by the North-East and South-West; the Seaton Ward stands at the bottom of the

*Appendices*  
6-12

*Appendix*  
10.



*Appendix*  
9

table. The greatest improvement has been shown in the Central and North Wards and the greatest falling back in the South-West. The infant deaths are almost entirely confined to the South-East, South-West, Central and North-East Wards, and more than half of these were said to be due to premature confinement. Cancer has taken its toll, equally throughout the town, but the respiratory diseases have proved particularly fatal in the South-West, South-East and Central Wards. Poverty, poor housing, and ignorance of the first principles of health and what to do in sickness must be the reason for the high rates in these diseases as compared with other parts of the town.

*Appendix*  
43

*Poor Law Relief.* The number of persons admitted to the Workhouse in 1925 was 1,871, of whom 1,014 were for in-door relief and the remaining 857 for medical treatment. These are the highest figures reached during the last five years and give some indication of the financial and industrial state of the town.

The number of new cases applying for out-door medical relief has increased considerably during the last five years, and this is principally made up of women and children. Under ordinary circumstances the husbands of these people would be earning sufficient wages to enable their families to take advantage of the doctors' clubs at the cost of a few pence weekly. No money coming into the house, however, except the "dole" or "guardians" renders it difficult to make ends meet and certainly leaves nothing over for times of sickness.

## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### *Hospitals—*

*Appendices*  
36 & 44, 45,  
46

(1) *Tuberculosis.* There are no Sanatoria within the area, but suitable cases are sent to Barrasford, Blencathra and, in the case of children, Stannington. In a few cases of advanced disease accommodation has been found at Howbeck Infirmary. The Hartlepool Hospital, also out of the Borough, takes our surgical cases on a paying basis.



(2) *Maternity.* The Corporation possess a Maternity Home, situated in its own grounds (2.3 acres) within the area, and for this they are wholly responsible. Sixteen beds are available, and with a small isolation block (to accommodate two patients) in the same grounds.

*Appendix*  
46

(3) *Children.* There is no hospital specially set aside for children.

(4) *Fever.* There is no isolation hospital within the Borough. Cases of infectious disease are sent to the Port Sanitary Authority's Isolation Hospital. This hospital, a wooden erection of 52 beds, serves the needs of West Hartlepool, Hartlepool, the Port Sanitary Authority and the Hartlepool Rural District, a population of 100,000, and of its expenses West Hartlepool contributes approximately 75%. The buildings are bad and antiquated, the method of sewage disposal is unsatisfactory, and the site, on the edge of the seashore, is much too exposed for the purpose for which it is used. In addition, the absence of any control by the Medical Officer of Health over cases sent to the Isolation Hospital does not facilitate the administration and control of infectious diseases within the Borough.

(5) *Smallpox.* As regards Small-pox, the Port Sanitary Authority have an agreement (£50 subsidy) whereby cases can be sent to Stockton. During the small-pox epidemic, however, this accommodation proved to be inadequate with the result that a temporary arrangement was made with Middlesbrough. The agreement with Stockton comes to an end on March 31st, 1926, and at the end of 1925 the whole system of an isolation hospital and small-pox accommodation was under consideration.

(6) *General.* The Cameron Hospital is the only general hospital within the Borough. This has accommodation for 50 beds, but extensions are contemplated. The Corporation pay an annual subsidy of £262 10s.

*Appendix*  
45

Patients are also sent outside the Borough to the Workhouse Infirmary and the Hartlepoons Hospital; the latter has recently built a new wing and receives a subsidy of £31 10s. from West Hartlepool Corporation. Cases of venereal disease sent into the Workhouse Infirmary by us are paid for by the Corporation.

(7) *Unmarried Mothers and Illegitimate Children.* No institutional provision is provided for these cases.

(8) *Homeless Children.* The Guardians possess four Homes for such children between the ages of three years and sixteen years. Each Home has accommodation for fifteen children; there is a general supervisor and five foster mothers (one being a relief) in charge.

(9) *Ambulance Facilities.* (a) Infectious cases are removed by a horse ambulance which is kept at the Port Sanitary Hospital.

(b) A motor ambulance, owned by a private firm, is used for non-infectious cases and street accidents.

## Appendix 1

*Public Health Staff.* Miss Mitchell was appointed (additional) as a Health Nurse in the early part of the year, and Miss T. Mason filled the vacancy due to the resignation of Nurse Thomas.

*Professional Nursing in the home.* (a) General Nursing is undertaken by the District Nursing Association, a voluntary organisation.

(b) Infectious Diseases. Early in the year a nurse was appointed by the Corporation to undertake the nursing of pneumonia and puerperal fever cases under doctors' instructions. The experiment has been entirely successful up to the present, both doctors and patients having informed me that lives have been saved as a result of such services rendered.

(c) Cases of ophthalmia neonatorum are treated by the health visitors under doctors' instructions.

*Midwives.* The number of midwives who have notified their intention to practice has been decreased by 7, making a total of 16. During the year one midwife who had been reported to the Central Midwives Board, resigned before her case was heard. The work carried out by the remaining midwives has been satisfactory. No subsidy is paid to any of the midwives, but in certain cases where there is no maternity benefit and the family have been "down and out," the Corporation have paid the midwife's fee. It would be much more satisfactory if there were some form of free midwifery service under the Insurance Scheme which would cover such cases. If these cases are not helped it simply means that they drift back into the care of the handy-women, who are by no means extinguished.

*Appendix*  
30

*Chemical Work* in connection with the Sale of Food and Drugs Acts and the Water Supply is undertaken by the part-time analyst. Arrangements have been made for the biological and other tests in connection with the Tuberculosis Orders with the College of Medicine, Newcastle, who also do the blood examinations.

*Appendices*  
59—61

*Co-operation with Hospitals, etc.* Working arrangements have been made with the Poor Law Authorities in order to prevent overlapping in the cases of extra nourishment for tuberculosis patients, expectant and nursing mothers and infants. They also take into their hospital advanced cases of tuberculosis and debilitated babies. They also afford us the right to visit venereal disease patients whom we send into hospital.

Extensions to the orthopædic department at the Cameron Hospital and the establishment of an artificial light department at the Hartlepoons Hospital are contemplated, and it is hoped that these will become available for the local Authority's schemes.



*Appendices*  
48—53

## SANITARY CIRCUMSTANCES OF THE AREA.

*Appendix*  
62

*Water.* Two types of water, hard and soft, are supplied to the town by a private company—the Hartlepoons Gas and Water Company. The soft water is obtained from catchment areas leading to two reservoirs at Hart and Crook-foot, and is used entirely for manufacturing purposes.

Hard water is obtained from several bore holes in the magnesium limestone strata and is pumped up to the water tower, from which it is passed to the mains. This is used throughout the town for domestic purposes, is of high organic and bacterial purity, and the supply is constant. No complaints of shortage of water were received during the summer.

A large proportion of the houses in the town have soft water wells, supplied by the rain from the roofs. Such water is not used for drinking purposes.

Occasionally one comes across shallow drinking wells, and these are subjected to analysis and the closest attention.

*Appendices*  
48—49

*Drainage and Sewerage.* Since 1915 all new drains are tested by the water test and, where circumstances permit, old drains are laid and similarly tested. Other drains are tested by means of the smoke test. Three main sewers drain the three separate areas of the town, and these empty by gravitation directly into the sea.

In some of the areas where building is proceeding, extensions and enlargement of sewers is under consideration or is at present in progress.

*Closet Accommodation.* In 1921 there were approximately 1,858 privies and 680 privy pans. At that time the policy was to require conversions to be made where the existing conveniences were not sufficient as provided by Section 36 of the Public Health Act, 1875, and in order to encourage owners to make conversions an allowance of £4 was made to

those who undertook the whole of the work, including the putting in of the drains. This method of progress was slow, and in 1924 a scheme was adopted (Public Health Act, 1907, Sec. 39) to convert all the privies and privy pans in the Borough to the water-carriage system. During that year 693 conversions were made under the scheme, and in 1925 a further 925, in addition to 37 carried out by private owners. The result is that, with a few exceptions where sewers are not yet available, the whole town has a water carriage system.

*Scavenging.* Removal of house refuse is carried out by horse transport, and removed partly to the Destructor and partly to tips. The difficulty of obtaining suitable tips for this purpose is making itself felt, and the prospect of either buying land or enlarging the Destructor will have to be considered.

*Appendix*  
51

There are still a large number of the old built-up ashpits which are most unsatisfactory, and steps are being taken to have these done away with also. During the year 109 of these were abolished and circular dust-bins provided.

*Sanitary Inspection of the Area.* Details of the work carried out by the Sanitary Inspectors will be found in the Appendices.

*Appendices*  
52, 53

*Smoke Abatement.* No action has been taken by the Local Authority with a view to the abatement of nuisance from smoke.

A list of the premises and occupations which can be controlled by Bye-laws or Regulations will be found in the Appendix.

*Appendix*  
63

*Schools.* The school buildings in the town are good, with the exception of one which will shortly be closed, when the new buildings are opened. The situations of these schools are not all that could be desired, as the close proximity of the surrounding buildings makes artificial lighting conditions unsatisfactory. In all buildings there is an adequate supply of good water. Periodical visits are made to the schools by



the three part-time medical officers and the two nurses, and the prescribed inspections and examinations of the children are made. It has not been found necessary to close any of the schools under the Board of Education's memorandum on Closure of and Exclusion from School, 1925. The Health Department is continually in touch with the health services carried on under the Education Authority.

## HOUSING.

*Appendix*  
67

(i) The general condition of buildings in the town is good ; the borough is modern and there is very little slum property as compared with other places of a similar size. Property may be divided into three classes—houses for the rich, for the middle classes, and for the remainder. For the first of these there is ample accommodation and the buildings themselves do not concern this department to any extent. Those who are in a position to pay £20 per annum and upwards have not sufficient houses at their disposal, but there is certainly more effort being made to house these people both by the Council and by private enterprise. As regards those who don't come under the above headings the position, candidly, is bad. The 1921 Census figures shew that there are over six thousand families living in three or less rooms.

(ii.) *Overcrowding* is considerable amongst the poorer people—283 families of three or more in a family live in one room and 172 families of six or more in a family live in two rooms, and the principal reason for this is that they cannot get other accommodation. Until considerably more houses are built this condition is going to continue. In 1921 the population was 68,641, and there were 14,000 houses and by 1925, with an increase of 3,000 in the population, only 682 houses have been erected, and of these 519 have been built by the Council, who have, incidentally, schemes for further building. Cases of over-crowding are brought before the Committee from time to time, and some of the worst are as follows :



- (1) A wooden shed divided into three compartments, of which the first is occupied by a horse, the third by pigs, and the middle one by two adults and a child. Result : admitted to Workhouse.
- (2) Four adults and three children living in one room. Overcrowding Notice served.
- (3) A house of nine rooms let to seven tenants—total occupiers, 13 adults and 10 children. Overcrowding Notice served.
- (4) House of four rooms let to four tenants—three of the rooms housed five adults and ten children. Notice served.
- (5) Two adults and six children occupy one room. Notice served.
- (6) House of four rooms occupied by seven adults and seven children.

It is extremely difficult to know what to do in many overcrowding cases. If a notice is served to abate the overcrowding, that house may be cleared but the late tenants find their way into another house where the position repeats itself. This dearth of houses is driving these people out into vans and wooden shanties which are springing up in all parts of the town and making things exceedingly difficult for this department. No suitable water supply or privy accommodation is provided and nuisances invariably result. Our bye-laws say there must be suitable privy accommodation, and yet we are trying to get rid of all the privies. The only satisfactory method of dealing with the position until more houses are built would be to have a large compound fitted with proper sanitary conveniences (water closet system) with facilities for washing clothes, etc., and compel all vans to go there, where they could be adequately supervised.

Another form of overcrowding is brought about by landlords who trade in so-called "furnished rooms" The furniture in many of these consists of a bed, a chair or perhaps

a table, and for one of these rooms they frequently charge a rent which is more than the whole house itself is worth. It has been a favourite trick of these people to accept rents from their tenants without giving a receipt or marking it in a rent book, so that should the tenants endeavour to get another house they cannot do so as there is no proof that they have paid any rents, with the result that they remain where they are and continue to be bled. One such case was brought before the magistrates and the person fined as a warning to others.

*Appendices*  
52, 53

(iii.) *Fitness of Houses.* Generally speaking, the structure of the houses in the town is good, but there are always a number of defects to be found in some of the poorer classes of property. Defective spouts and fall pipes head the list, and these are closely followed by defective roofs and water-closets. In every case action is first taken by an intimation notice, and this usually has the desired effect, but if not, statutory notices are resorted to. In remedying defects we endeavour to put the onus as far as possible on the person responsible, for it is unfair to blame an owner for stopped drains when the tenant uses the drain as an ashpit, and it is equally unfair for a tenant who is making an effort to look after a house to find that the walls or an oven are falling to pieces as a result of general wear and tear. On the whole we experience very little trouble in getting defects righted. There are a number of owners of poor class property who will do nothing until they receive a notice from this department, but on the other hand there are unfortunately a number of families who would turn a palace into a slum within a month of residence.

Only about 50% of the houses in the town have water on tap inside the house, but all now have water-closet facilities. There are still about 200 ashpits, but these are gradually disappearing and bins are being substituted.

(iv.) *Unhealthy Areas.* No complaints have been received nor representations made in regard to unhealthy areas.



(v.) *Bye-laws relating to Tents, Vans and Sheds, etc.* Vans always give trouble, in that the bye-laws only require sufficient "privy accommodation." As we have just completed a scheme for the removal of these offending structures it would be more satisfactory if water closet accommodation was made obligatory except where no sewer was available. If, however, there was a compound, that difficulty might be obviated.

## INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.* The standard of the milk brought into West Hartlepool is unsatisfactory, and a great many of the premises from which it is sold do not enhance its value as a food for babies or invalids. At the end of 1924 and the beginning of 1925 the Health Committee interviewed every milk dealer in the town, and the amount of milk sold and the conditions under which it was stored were brought forward in each case. In the very great majority of cases it was quite clearly shown, and usually admitted by the dealer, that their's was purely a "catch-penny" trade, and that the reason they sold milk was because their customers might also buy some potatoes, ham, bread—in fact anything up to millinery. These premises have all been on the Register for years, and it is a very much easier matter to register than it is to "un-register." The policy of the Committee has therefore been to refuse to re-register these premises when there is a change of tenant and only to grant registration to those who propose to deal in milk and dairy produce only.

*Appendices*  
59 & 60

An effort has been made to persuade the larger dairy-men to distribute their milk in bottles, but this has not proved a success. If the public desire a clean milk supply they can have it, but if they are not prepared to co-operate with the traders and encourage those who do make an effort in that respect, they are to a certain extent to blame if the rate of improvement is slow. We, unfortunately, cannot perform miracles, but if the public and the press took up the theme with the same vigour as they do about carnivals,



etc , they would raise the standard of milk in this town by 50% in six months. The seed for a graded milk supply has been planted, but it remains to be seen if it will germinate in the spring.

Of forty-five samples sent for analysis, six were slightly below standard either in non-fatty solids or in fat, but not sufficiently low to justify prosecutions, warnings only being sent to the vendors.

The Council appointed a part-time veterinary inspector to make inspections of cows in the area suspected of suffering from tuberculosis. A number of samples of milk were forwarded to Armstrong College for biological examination but at the end of the year the results had not been arrived at. It is hoped that by this means the possibility of consuming tubercle infected milk will be minimised. Unfortunately, however, the time required for the test (6 weeks) is long, and an unscrupulous farmer who is suspicious of any of his beasts, could easily get rid of any particular animal during that period.

*Appendices*  
54—58

(b) *Meat.* Apart from frozen and chilled meat, practically all meat consumed in the borough is killed at the public abattoir, there being no private slaughter-houses licensed in the town. All meat is examined by the meat inspector or the Medical Officer of Health. Stamping of meat so examined has not been carried out as the local butchers are not in favour of this. The majority of the West Hartlepool butchers are good judges of sound cattle, as is shown by the fact that out of 10,000 beasts and pigs slaughtered only 84 carcasses necessitated whole or partial condemnation for tuberculosis. Condemned meat is stripped of fat, which goes to the tallow manufacturers, and the carcasses are burnt at the Corporation Destructor. The public abattoir is in charge of a superintendent, who is responsible to the Medical Officer and the Health Committee. During the year extensive alterations have been carried out and increased lairage, especially for pigs, has been made. The

question of converting waste material and fish offal into the various fertilisers has been under consideration, but it is unlikely that it could be made a paying proposition with the amount of material available, and the matter, therefore, has been placed in abeyance for the time being.

As regards the Public Health (Meat) Regulations, 1924, a certain amount of good has accrued. One prosecution was instituted for failing to wear a clean, washable head covering and overall, and the offender was fined twenty shillings. Most of the shops have fixed glass windows, but in several cases they are movable. On the whole the butchers have had these closed when the weather conditions warranted that measure. There are, however, too many loopholes in the regulations to make the suggestions relating to the covering of meats and safeguarding it from flies effective.

(c) *Other Foods.* Inspection of foods and premises in which they are stored are carried out by the Sanitary Inspectors. At the beginning of the year two prosecutions were instituted for selling beans which were riddled with weevils; both cases were fined five pounds. The bake-houses on the whole are well kept, but there are one or two which have to be continually watched. Time after time notices are served on these people to get their places cleaned up, which they do, and then the premises just drift along until they receive another notice; meanwhile they go on sending out food for public consumption. The only effective way to deal with such delinquents would be to have compulsory registration of premises from which food is prepared for human consumption, just as in the case of milk shops.

*Appendix*  
58

Some of the ice-cream, too, is made under disgusting conditions, but it would be a difficult matter to seize the ice-cream and prove in court that it was "diseased, unsound, or unwholesome." Another form of food, which apart altogether from its constitution, is liable to cause trouble, is the various forms of sweets which are exposed for sale. Look in any small sweet-shop window in the



summer-time, it will be found that the various delicacies are covered with flies and vomit. The butcher has a legitimate grouse when he compares these sweets with his meat, which, after all, is cooked before it is eaten.

*Appendix*  
59

(e) 150 samples have been taken under the Food and Drugs Acts and examined by the analyst, and of these 144 were found to be genuine and six (all milk samples) were not up to standard. This includes 32 samples in glass or earthenware containers which were in addition examined for the presence of glass or glaze, and it was found that of these 32 samples only seven showed an absence of glass or glaze. The glass or glaze varied in size from  $1/8$  to  $1/1000$  of an inch, and it was also present in a pot of home-made marmalade. These results suggest that to be on the safe side, one should confine oneself to the plum and apples of the late War, done up in cardboard cartons, because the dangers of consuming glass are obvious.

*Appendix*  
60

(f) Details of the Milk and Cream Regulations, 1912 and 1917, will be found in Appendix 60.

*Appendices*  
16—19

PREVALENCE OF, AND CONTROL OVER,  
INFECTIOUS DISEASES.

Since 1920 many "ups and downs" have been experienced in regard to the number and variety of infectious diseases notified. In 1925 an outbreak of small-pox visited the town, resulting in thirty notifications of the disease, a greater number than all previous cases put together. Fortunately it was mild in character as compared with the last outbreak of two cases, which occurred in 1912. As a result of the small-pox, chicken-pox was made compulsorily notifiable for six months, when 252 cases were notified. These two diseases roughly account for the 300 excess of notifications as compared with 1920. On the other hand, measles, which was a notifiable disease during the years 1916-19, is no longer such, and so these figures must be reckoned with. Apart from these diseases, however, the total notifications



show a wave, the crests of which are in 1919 and 1924 and the trough in 1922. The diseases principally responsible for this wave are scarlet fever and pneumonia. Pulmonary tuberculosis has shewn a steady decline during that period, but non-pulmonary tuberculosis and other infectious diseases have not shewn much variation one way or another.

Whilst the notifications shew a wave, the infectious deaths are practically constant, with the exception of 1923 which shewed a reduction of 225 deaths or a 25% drop on the other years. This decrease was almost entirely as a result of chest diseases and cancer. Epidemic diarrhoea and influenza are responsible for the greatest variation from year to year in the number of deaths, but the most steady decline has been from diphtheria.

*Smallpox.* An outbreak of smallpox occurred in the town in March, the details of which were as follows: 16th March. I was called in to see a suspicious case by one of the local practitioners, and this was diagnosed as smallpox. As a result of enquiries made amongst contacts of this patient, ten other cases were also found. All these patients were sent to Stockton Fever Hospital.

*Appendix*  
17

The Ministry of Health and all the surrounding authorities were informed. Circulars were sent to the local doctors informing them of these cases and asking them to inform us of any cases of chickenpox; also to all milkshops, undertakers, school teachers and insurance firms suggesting that their agents, etc., should be vaccinated. The procedure to make chickenpox notifiable for six months had already been undertaken.

17th March.—Two cases were notified as a result of inspection of Elwick Road School.

18th March.—Two cases notified.

19th March.—Three cases notified.

20th March.—One case notified.

This was the last case sent to Stockton Small-pox Hospital the remaining cases being accommodated at Middlesbrough.

22nd March.—One case notified.

31st March.—One case notified.

2nd April.—One case notified.

4th April.—One case notified.

5th April.—Three cases notified.

6th April.—One case notified.

7th April.—Two cases notified.

8th April.—One case notified.

making a total of 30 notified cases.

Practically all of the children infected attended Elwick Road School, and for that reason it was decided to keep the school open, and there is no doubt whatever that this was one of the contributing factors to the life of the epidemic being cut down. The school, which had an unvaccinated population of 20%, was subject to examination every day, and within a few days of the commencement of the epidemic, with a few exceptions, every child was vaccinated and re-vaccinated. More time was spent in visiting and re-visiting the few absentees than was occupied in keeping the rest of the school of over 1,000 boys and girls under supervision, and as time was of the greatest importance in the early stages, one cannot lay too much stress on that point. As regards the Sunday schools and evening classes however, it was to our advantage to stop these, as they increased the possibility of spread and tended to increase our enormous list of contacts.

As a result of the school inspection, twelve other cases shewed some evidence of their having had the disease.

The accompanying diagram gives the cases notified and un-notified, and shews the connection between each and traces them to their source.

# SMALLPOX EPIDEMIC WEST HARTLEPOOL, 1925.

Beginning of January

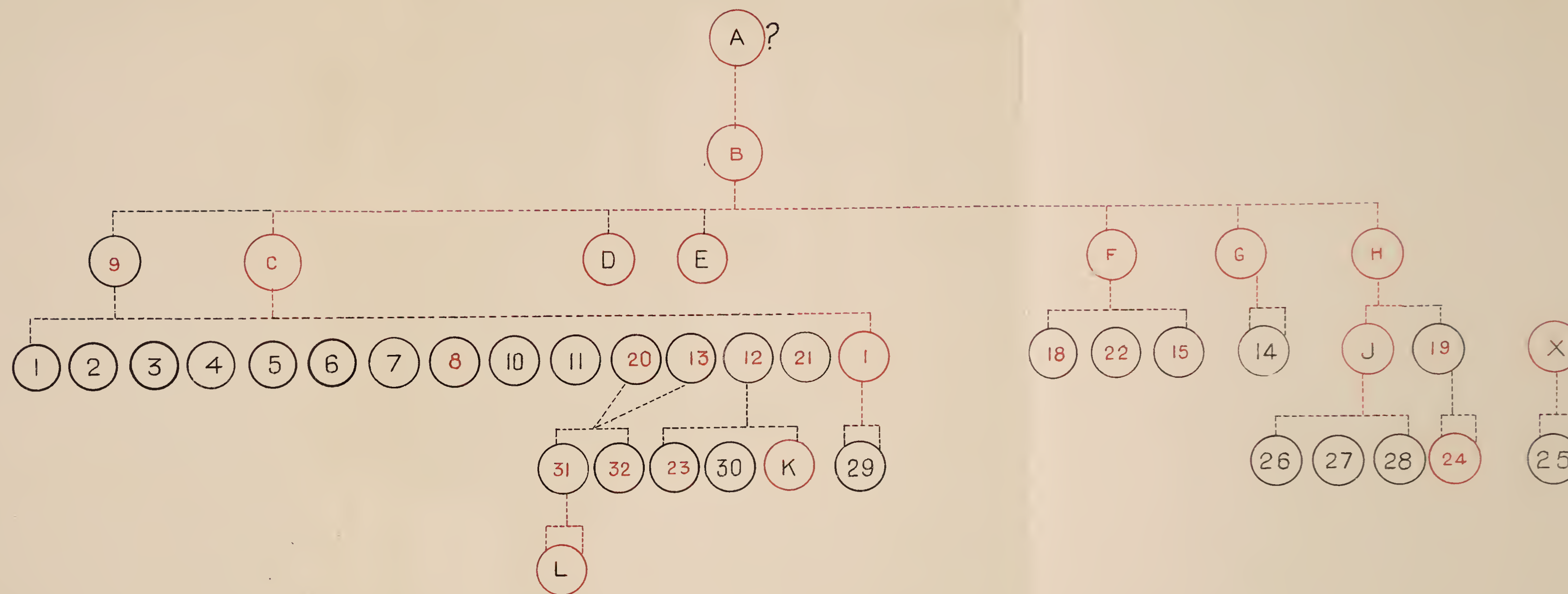
January and February

End of February

March 11-16

April 1-8

April 20



1. C.H.	7. A.D.	13. C.W.	21. S.R.	27. L.Y.	(A) Y.	(G) E.
2. G.H.D.	8. E.D.	14. W.J.E.	22. M.P.	28. E.S.Y.	(B) Y.	(H) E.
3. R.D.	9. R.D.	15. L.R.	23. A.M.	29. M.N.	(C) T.	(I) N.
4. R.D.	10. W.D.	18. M.D.	24. J.S.	30. J.M.	(D) G.	(J) E.
5. D.D.	11. J.R.	19. H.G.	25. N.S.	31. S.S.	(E) Y.	(K) M.
6. M.D.	12. W.R.M.	20. C.H.	26. A.Y.	32. A.W.	(F) R.	(L) S.





The notified cases are all numbered as they were found, whereas the un-notified cases are lettered.

(A) This man is an old Scotch draper, who goes round the district, and it is thought that he might be the possible introducer to the town. During the inquiries made at his house he stated that he had a few spots on his face and legs "after the New Year." No very definite scars were found, but as he was not seen until April and in view of the fact that he "hadn't many spots," the absence of scarring is not a very strong point against. However, I'm considering him as my original.

(B) A grandchild of, and living in the same house as (A), had quite definite poc-marks on her back, arms and feet. She had spots on her face when she was appearing at a concert (her mother powdered them over) during the first week of February, and she thought that they first came about the end of January. This would fit as an infection from grandfather's spots "after the New Year." Although unvaccinated as an infant she did not take when vaccinated at school.

(D) (E), brother and sister of (B), had both definite circular scars, in most of which the skin had not healed over, and scabs just being removed. If (B) is accepted as a case there can be no doubt about (D) and (E). In (A) (B), (D) and (E) there was a history of influenza before the spots.

(C), (F), (G), (H) and No. 9 all attend the same school as (B)

(C), said to have had chickenpox, but on vaccination he did not take (although an un-vaccinated child), and the distribution of his marks was typical of smallpox. The mother said that he had only had two or three on his chest while his limbs and face were covered. He was also "out of sorts" a few days before the spots appeared.

(F), in the same class as (B). Un-vaccinated, and did not take. Had only had a few spots on arms and legs—the last scab came off while I was examining her. She was not off school, and was, I think, responsible for the infection of 18, 22 and 15.

(G) is a very indefinite case, although No. 14, her father, was one of the worst cases. In the same class as (B). Un-vaccinated and did not take when vaccinated. Although working for an exam., on which she was quite keen, she had had to have a day off school, “out of sorts.” Mother thought it was a touch of ‘flu’. No history of spots and certainly no poc-marks. Whether she was an aborted case or a carrier (fomites) it is difficult to say, but I am inclined to the former.

(H) and (J).—(H) at school with (B), (F), (C), etc. Had “chicken-pox.” Slept with (J) who developed spots. (J) and (H) were both un-vaccinated. (H) did not take when vaccinated. A vaccinated child of three years in the same house did not take this chickenpox. Both (H) and (J) had definite distribution marks. (J’s) marks had just had the scabs removed. (J) used to spend a lot of time at the home of Nos. 26, 27 and 28, and visited them when he had the spots. Don’t think there is any doubt about these two cases.

(I) a boy in the same class at No. 9. Aged 8, and showed three good marks from infantile vaccination. Could get no history of spots or onset symptoms. When re-vaccinated he did not take, but his brother, who was younger, and a large number of the other younger vaccinated children did take. The fact remains that his mother (No. 29) had a good dose, and I think he was the source, but whether as a carrier or as an aborted case I don’t know.

(K)—Mother of Nos. 12 and 23 and wife of 30. Vaccinated in infancy and as a girl. She and her husband both refused vaccination.



The husband, a strong, healthy farmer, had severe pains in head and back, and collapsed on the floor. He eventually only had a few spots. The mother (K) had similar symptoms, but stayed in bed three days. No spots were found.

(L). Aged 16. Vaccinated in infancy. Brother of and slept with No. 31; head and back-ache and in bed for four days, 16 days after his brother's rash came out. Never showed any spots. Father would not allow re-vaccination. Possibly an aborted case.

No. 25 is not related to this family. She returned a fortnight previously from an infected area in the Midlands where she had been staying for 10 days, and it is considered that her illness was a coincidence rather than a branch of the West Hartlepool tree.

Some of the points which have been noted as a result of this epidemic are :

1.—The necessity for a "reception house" to which may be removed contacts who will not carry out instructions.

2.—Increased smallpox accommodation.

3.—The advantage of keeping open the elementary schools.

4.—The low rate of infectivity which this mild type of smallpox has—relatively few children in a large school took the disease.

5.—That it is not necessary to have "spots" to pass the disease on.

6.—That many of those who shewed the most severe onset eventually had relatively fewer spots.

7.—The disease remained true to a very mild type. Had it been of a more severe type one would have expected some fatal cases considering the extent of the eruption.

8.—Judging from the Public Vaccination statistics, the conscientious objector has a very elastic conscience, in fact the term itself is merely an excuse rather than a condition of conscience.

*Appendix*  
20

*Vaccination.* The percentage of un-vaccinated infants has declined further and reached the low record of 15.6%.

During the smallpox outbreak the Medical Officer of Health carried out, under the Public Health (Smallpox Prevention) Regulations, 1917, 362 vaccinations, of which 80 were primary and 282 secondary. All such vaccinations were of immediate contacts of the smallpox cases.

During the epidemic, 2,336 vaccinations were carried out by the Public Vaccinators, and of these 682 were primary cases. It is rather interesting to note that of the 682 primary cases 380 were previously reported as having had conscientious objection to vaccination.

In addition to these, a large number of vaccinations and re-vaccinations were carried out by general practitioners in the town.

No deaths occurred from smallpox or the result of vaccination.

*Appendix*  
19

*Scarlet Fever.* It is noteworthy that while there has been a steady number of scarlet fever cases throughout the year, there has been no marked epidemic except during the month of March, when the number was slightly increased. This is ascribed for by the fact that the type of disease, with one or two exceptions, has been extremely mild, so that a large number of cases have not been detected until the "peeling stage," meanwhile the patient has been at large infecting others. Altogether 254 cases were notified, against 327 the previous year, and of these 8 were return and 15 were secondary cases. The distribution of the cases is interesting, inasmuch as it will be noticed that the South-West Ward was responsible for more than any other two

Wards put together, whereas the Central, which is the most crowded and badly housed, had fewer cases than the Park and West Wards, where conditions are just the reverse. Another rather significant point is that 15% of the cases were over the age of 15 years—a comparatively high percentage. The number of cases removed to hospital varied considerably. The Seaton and Central Wards had 90% and 80% of their cases removed, and their total cases were the two lowest. This is of interest when one realises that both the Park and West Wards had a larger number of cases and the smallest percentage of removals.

Altogether three deaths took place giving a death-rate of .6 per 1,000 of the population or 1.1 per 100 cases.

During the last five years there is not very much to note concerning this disease. It is still appearing in waves and varies in its severity. The number of deaths gives a yearly average of three, and in the year during which the greatest number of deaths took place (1922) the smallest number of notifications were received.

No use of the Dick test has been made, neither have any artificial methods of immunisation against these diseases been attempted.

*Diphtheria.* Altogether 41 cases were notified in 1925, but it is doubtful if that is a true indication of the actual number of cases. Of 109 throat swabs examined in the department only 15 of these showed any diphtheretic growth, and although one readily admits that a negative result may mean nothing, it is highly improbable that one would only obtain fifteen positive results from 41 cases. There is certainly a tendency to label septic tonsils with the diphtheria tally—an unjustifiable proceeding when one considers that modern methods of treatment are such that these can be effectually carried out in any suspected case without adversely affecting the patient in any way, and yet giving the attendant further opportunities of confirming his diagnosis.

*Appendix*  
17



Apart from the Central (9 cases) and the South-West Wards (8 cases), the cases were evenly spread throughout the town.

Of the 41 cases, only 21 were removed to hospital. In my opinion, every case of diphtheria should have the supervision of a trained nurse if the number of post-diphtheretic hearts and other complications are to be diminished.

One death occurred from the disease, equal to a case mortality of 2.4. Apart from 1922 (20 cases) there has been no appreciable difference in the number of cases during the last five years, but there has been a gradual decrease in the number of deaths attributable to the disease, and 1925 constitutes a record in that respect.

No use has been made of the Schick test or of artificial methods of immunation.

Antitoxin is stocked in phials of 2,000 and 8,000 units and is available for use by the general practitioners and the Port Sanitary Authority. Poor people are supplied with anti-tonix free of charge, but those in better circumstances and the Port Sanitary Authority's cases are charged with the cost. Altogether 380,000 units were given out during the year, and of this 120,000 units were supplied free of charge.

## Appendix 17

*Enteric Fever (including Para'ymphoids).* Two cases of enteric fever were notified during the year, and, with the exception of one of the War years (1917), this is the smallest number since 1907. Blood examinations were done in both cases, and the diagnosis of pure typhoid was confirmed.

Case 1.—Girl, aged 10 years. Patient, an Italian girl came from Italy, and two days after arrival in this country developed suspicious symptoms. Prior to leaving Italy, there were several cases of typhoid in the village in which she lived and actually two in her own home. The infection was without doubt obtained in Italy. Was removed to hospital. Result : recovery.

Case 2.—Woman, aged 41. Apart from an ordinary diet, the patient had been indulging in uncooked mussels. A sample of these, taken from the same source, were sent for examination, and although no actual enteric organisms were discovered, the specimen shewed evidence of considerable sewage contamination. The mussels were obtained from the sandbanks in the Tees estuary, and the Authority concerned was informed with a view to action being taken. The woman was removed to hospital, and recovered. In spite of all the preaching from the platform and in the press, the public will not take reasonable and simple precautions in connection with an uncooked shell-fish diet. If they would only realise that shell-fish are not very particular about the composition of their food, and that as often as not this consists of a large percentage of sewage, then they might not be prepared to run so many risks.

During the last five years no appreciable change has been noted in connection with enteric notification. It is interesting to note that the years in which we had a large number of cases—1921 and 1924—were followed by an immediate drop in 1922 and 1925. The number of deaths has been reduced from 6 in 1921 to *nil* for the last two years.

*Puerperal Fever.* During the year five cases of this disease were notified, and of these 3 died; but this is no true index of the facts. To begin with, there is no definition of puerperal fever which is generally recognised by general practitioners. If it were made to include all cases which during the puerperium retained a temperature and pulse of 100 over twenty-four hours, no matter what the cause, there would be a definite basis on which to work and more satisfactory figures would be obtained. It is true that many cases would be notified which were not true toxæmias, but under the present system of investigation these could readily be sifted and sub-divided.

*Appendix*  
17

Another reason for the non-notification of these cases is that as a rule the doctor usually makes his calls to confinement cases in the early morning, at a time when the



temperature is most likely to be at its lowest, and there is no doubt that for this reason alone many cases may be genuinely missed. Yet another reason for non-notification is that it has long been the practice to consider it a disgrace for a medical man to have a case of puerperal fever amongst his patients. I am convinced that this is an unfair reflection on the general practitioners as a whole. It is true there may be definite causes found in certain cases, but when one considers the amount of care which has been used in some of the better class patients, living under good, clean conditions, who have developed temperatures, and compare them with the number of cases in dirty houses, attended by handy-women, and who by all the theories of surgery should have become septic yet haven't been affected in the least, the attitude towards puerperal fever should be reviewed from a different standpoint. As it stands at present, the notification of puerperal fever is a farce, because only those who are likely to die are notified.

During the last five years there has been no diminution in the number of notifications, neither has there been in the deaths.

#### *Appendix* 17

*Pneumonia.* There has been a decrease in the number of notifications of this disease from 257 to 219, and it is to be hoped that this will mark a general decline in this disease, which has been gradually increasing in frequency since 1921. Next to scarlet fever, this is the most prevalent disease in the town, and certainly the most fatal, as will be realised when one sees that of these 219 cases 100 died and half of those who died were under five years of age. There is a tendency for parents to say that their children have only a "touch of cold," and this is neglected until pneumonia has got a firm hold and the chances of combating it are small. Many lives might be saved if these pneumonia cases could be got into hospital at an early stage, where they could receive proper attention and nursing, because the prognosis of a case of pneumonia depends very largely on the manner in which it is nursed. The



Corporation very wisely appointed a nurse at the beginning of the year, who spends a great part of her time visiting the houses and nursing such cases under the doctor's orders, and I have received many reports from doctors and patients stating that such assistance has in a large measure been responsible for the patient's recovery.

*Erysipelas.* Twenty-seven cases were notified under this heading, a similar number to last year, but much about the average of the three preceding years which had an average of 19. It would appear to be becoming more severe in character, as four deaths were recorded, which is more than the total for the five preceding years.

*Appendix*  
17

*Typhus.* There have been no notifications of this disease during the last five years.

*Cerebro-Spinal Meningitis.* One case was notified and this proved fatal. The last case occurred in 1921.

*Appendix*  
17

*Poliomyelitis.* Two cases were notified in 1922 (1 fatal) and three in 1923 (1 fatal).

*Appendix*  
17

*Ophthalmia Neonatorum.* Although fourteen cases were notified during the year, this shews a gradual diminution during the last five years, and it is hoped that the improvement will continue. It shews that there is a great improvement in the preventive medical treatment as carried out by doctors and midwives, and it may to a certain extent, reflect on the small number of cases of gonorrhœa amongst women. If the disease is notified at its onset, the chances of the eyes being damaged are negligible, but should it be allowed to continue without proper treatment there is almost certain to be some, if not total, impairment of vision.

*Appendix*  
16

Health visitors visit such cases and carry out the treatment prescribed by the doctor in attendance.

*Encephalitis Lethargica.* One case was notified against five in 1924. Of these six cases, two died in 1924 and the remaining four had a fatal termination in 1925.

*Appendix*  
17

Appendix  
17

*Polioencephalitis.* No cases have been notified during the past five years.

Appendix  
17

*Dysentery.* One case was notified in 1923 ; there have been no deaths.

Appendix  
17

*Malaria.* No notifications or deaths have been noted in this disease.

Appendix  
17

*Chickenpox.* This was made a notifiable disease for six months during the year under survey, owing to the prevalence of smallpox. During that period 252 cases were notified and were visited. It is difficult to know what to do with such cases. The disease is too mild to contemplate hospital accommodation, and effective isolation is certainly not carried out at home. In addition to the 252 cases previously mentioned the Education Authorities inform this department of any cases they come across at the schools, but as these are only of children of school age the figures do not form any criterion as to the extent of the disease.

*Whooping Cough* proved to be very prevalent during the last three months of the year, and resulted in 20 deaths, all of which were in children under five years of age. Since 1921 the number of deaths have varied from 5 in 1923 to 20 in 1922 and 1925.

This distressing disease is very infectious and spreads rapidly amongst contacts. It is not an easy matter for parents in poor localities to give such children the necessary amount of fresh air and exercise without letting them come into contact with others, with the result that the disease spreads.

Unfortunately it is looked on much in the same way as a common cold, and no medical treatment is given whatsoever, and the results are disastrous.

Appendix  
15

*Influenza.* At the beginning of the year there was a small influenza outbreak, which proved fatal in many cases.



Altogether during the year 25 deaths were recorded from this disease. With the exception of 1924 when 60 deaths occurred, 25 is about the average number of deaths.

*Summer Diarrhœa and Enteritis* accounted for eighteen deaths of children under two years of age. This number has been increasing from eight in 1922, but in 1921 thirty-four deaths were recorded. Improper diet and dirt in the form of "dummies" and flies are largely responsible for these diseases, and every precaution should be taken to guard against them.

*Cancer* is progressing with alarming rapidity. During the year 97 deaths were recorded, or in other words, every tenth death was due to cancer. In 1920 only 59 fatal cases occurred, and there has been a steady increase since. Through the press and by other means people are advised as to the early signs of the disease and are urged to consult their doctors where there is any condition which has been present for some time and does not shew any signs of getting better. They are also advised to have removed anything which is liable to produce continued irritation. Beyond that, however, we cannot go until some more definite cause of the disease is discovered.

*Disinfection and Disinfestation.* Verminous children are bathed and their clothing disinfected at the Burn Road Station, where two baths are available for this purpose. These facilities are also available in the case of adults.

Infected bedding and articles are removed to the Burn Road Station where they are subjected to steam under pressure. The Corporation employ two men to carry out disinfection of premises by means of formalin or sulphur.

*Tuberculosis.* During the year, 159 cases of tuberculosis have been notified, of which 89 were infected in the lungs and 70 in other parts of the body. Whilst the non-pulmonary forms are slightly above the average, there has been a gradual diminution in the number of new lung cases since 1921, when the number was 130.

*Appendices*  
13-14

*Appendix*  
65

*Appendices*  
21-27



The deaths during the five years have increased in pulmonary cases, 82 cases having proved fatal in 1925, this being the highest figure for a number of years. Amongst the non-pulmonary cases there have been 29 deaths, which is about the average since 1921, and it is noteworthy that of these 20 were the result of meningitis.

*Public Health (Prevention of Tuberculosis) Regulations*  
1925.

All notified cases of tuberculosis are visited and their occupations and those of other members of the household are ascertained. No such cases have been found working in connection with the sale of milk. One has to rely on the notifications for such information, as there is no authority to compel dairy workers to be medically examined or empower the medical officer to have any employee, whom he has reason to suspect to be suffering from tuberculosis, examined.

*Public Health Act, 1925, Section 62.* No use has been made of this section, which authorises the compulsory removal to hospital of advanced cases of tuberculosis in certain conditions. The only hospital or institution in the district which would take such cases is the workhouse infirmary, and it is unlikely that a magistrate would make out an order for compulsory removal to such an institution. Should the Corporation decide to build an isolation hospital, accommodation should be provided for the limited number of cases which would come under this Section. At present we have to rely on the patient consenting to go to the workhouse.

*Appendices*  
24-27

*Tuberculosis Scheme.* The Corporation's Tuberculosis Dispensary occupies part of the building known as Mill House, Stranton, and this is presided over by the Medical Officer of Health and his assistants. The Local Authority do not own any residential institution, but the various types of cases are sent to the following places :

(1) Barrasford Sanatorium (Newcastle Corporation) accepts the majority of the adult early pulmonary cases. No definite number of beds have been taken, applications being made as required.

(2) Blencathra Sanatorium (Voluntary) accepts pulmonary and a few complicated cases. Applications made for beds when required.

(3) Stannington Sanatorium (Voluntary) accepts children up to 16 years of age — both pulmonary and non-pulmonary. Children attending this Institution also receive education. No beds are taken by this Corporation, and it is difficult to get our patients accommodated there. In view of the fact that they are opening a new wing our waiting list may be done away with.

(4) Hartlepoons Hospital (Voluntary) takes cases requiring surgical treatment, but, like all voluntary hospitals, it is not always easy to get a bed unless the case is urgent.

(5) Howbeck Infirmary (Guardians). To this Institution we have to send all other cases which cannot be accommodated under the other headings.

There are no arrangements made for the isolation and treatment of advanced cases of tuberculosis. Sanatoria won't take them, and voluntary hospitals are not allowed to accept them, and there is no institution to which we can send them except the Workhouse. While many refuse to go to the Infirmary, it is significant that 20 of our 82 pulmonary deaths died in that institution.

*Memorandum 286.* General practitioners are making more use of Forms G.P. 17 (for new patients), and 36 (Record of Progress of Patients on Domiciliary Treatment), and are sending more patients to the dispensary for an opinion before a notification has been made. Five consultations have been held in patients' houses. Forms in connection with the memorandum have tended to increase the co-ordination of the work of tuberculosis officers and the general practitioners.



Appendix  
27

*Following up.* The nurses visit patients in their houses and those in whom no definite diagnosis has been made are asked to attend the dispensary at fixed periods. Reports are also sent to the doctors relating to such cases.

Appendix  
27

“*Home Contacts*” are not on the whole amenable to examination. It is generally found that where the husband is a patient the wife will have the children examined either by her own doctor or at the dispensary, and, perhaps herself. If, however, the wife or child is the patient it is almost impossible to get the man, and in many cases the mothers, to have their chests examined. Examination of contacts is better than previously, but there is great room for more education on the point. We have not yet driven home the proverb that “prevention is better than cure,” or “a stitch in time is worth nine.”

*Special forms of Treatment.* Tuberculin (P.B.E. and B.E.) injections have been given in glandular cases, and the best results have been obtained in cases where the glands have suppurated. While one is loth to call in surgical interference for such cases there is no doubt that where one or two infected glands have been enucleated there is less chance of a recurrence than in cases where tuberculin has been used.

Old tuberculin (Conc) has been used as an additional means of diagnosis, but too much reliance has not been placed on this.

X-rays have been used for some years in the treatment of lupus, but the results have not been very encouraging considering that such treatment may be conducive to a form of cancer. An artificial light apparatus has been installed in Hartlepool Hospital, and patients suffering from lupus are sent there, but it is too early yet to estimate the value of such treatment locally. Unfortunately, sufficient accommodation is not available at the dispensary for such treatment, but it would be an advantage if a room is set apart for this treatment if an isolation hospital is built.



Except in very early forms of pulmonary tuberculosis—and it is the exception rather than the rule to come across these—sanatorium treatment does not appear to be very beneficial for any prolonged period after discharge. In the first place, patients are not prepared to spend the necessary time in a sanatorium which is requisite if their treatment is to do them any good. As soon as three months are up, and sometimes before that, they are off, in spite of the fact that the superintendents do everything to encourage them to stay. The other reason is that patients who have been well fed and attended to and have lived under ideal conditions in the sanatorium, return home to the “dole” or the “Guardians.”—little and poor food and bad sleeping conditions. Those who want work are handicapped, and they lose their “morale” and any good bodily conditions they have got, and are more and more unable to resist the toxins of the disease than was the case while they were in sanatorium, and even, probably, before they went away.

Dental treatment in the form of extractions is provided in certain cases.

Non-pulmonary cases are treated at the Hartlepool Hospital, or at Stannington Sanatorium, where necessary apparatus—splints, etc.—is supplied. On the discharge of such patients, surgical boots, splints, etc., are supplied either by the Crippled Children’s guild or the Tuberculosis Care Society. The latter society has been providing clothing for sanatorium patients, beds and bedding, milk, eggs and dinners in suitable cases.

Unfortunately, however, the voluntary contributions have fallen considerably, and the supply of eggs and part of the milk has had to be suspended. The tuberculosis officer is an *ex-officio* member of the Society, and co-ordination has been good between the Society and the tuberculosis department.

As regards finding employment for patients, this is almost an impossibility in this area at the present time owing to the large proportion of able-bodied who are already unemployed.

For a number of years, ten open-air shelters and a kitchen were provided for the use of men suffering from tuberculosis. Unfortunately, suitable patients preferred to sleep at their own homes rather than avail themselves of the opportunities given to them, with the result that the scheme has proved a failure, and in view of this fact the Council regretfully closed the shelters down and abandoned the scheme.

No special points have been noted as to the incidence of the disease as regards occupation, but we still find that the poorer the district, with the addition of overcrowding and bad feeding, the greater are the number of cases. I do not think there is any doubt that the amount of tuberculosis in this town would shew a much more rapid decrease if a combination of better houses and more employment were available.

### VENEREAL DISEASES.

*Appendices*  
37—42

The Corporation Venereal Diseases Clinic, consisting of a waiting room, a consulting room, examination and irrigation room, and a laboratory, forms part of the premises known as Mill House, Stranton. The Medical Officer of Health is also Venereal Diseases Officer.

Arrangements exist with Howbeck Infirmary for the treatment of patients attending the clinic who require in-patient treatment. The scheme, as it at present stands, has its *pros* and *cons*. From a medical point of view it would be more satisfactory if the clinic were run in conjunction with the general hospital, but, unfortunately, at its inception in 1921, the hospital authorities would not have anything to do with it. The position of the clinic, too, is open to the gaze of all passers by, and does not give the



privacy which would be obtained at a hospital. On more than one occasion I have been asked by interested persons, "What is the matter with so-and-so? I know he is attending the clinic because I've seen him coming in and out." When such remarks can be made it removes one of the objects of the scheme, which is treatment with secrecy, and tends to deter patients from seeking the necessary treatment which they require.

On the other hand, the Centre is very central, and the mere fact that men may obtain irrigation on their way home from work is conducive to more regular treatment.

When the Centre opened, the majority of the patients were sent down by their doctors, and even now about 50% of the West Hartlepool patients are sent by their medical attendants. On our part we encourage the patients to visit their doctors from time to time and report progress, and during rest periods we ask the doctors to prescribe the requisite medicines for the case.

Advertising is carried on in the public urinals in the town and by that means, and also through the police, a large number of patients come along. The Port Sanitary Authority, through their inspectors, give the necessary information by means of leaflets printed in English and Scandinavian, so that our proportion of sailors is comparatively higher.

The Clinic was opened in November, 1921, so that if the figures are taken for the subsequent years it will be found that the total number of new cases has gradually increased from 177 in 1922 to 201 in 1925. While the number of West Hartlepool cases has decreased from 140 in 1922 to 126 in 1925 the number of patients from other districts, including seamen, has increased from 37 to 75. The average attendance, excluding intermediate visits for irrigation, etc., averages out at 8 per patient, and this average is necessarily small on account of the seamen calling at the port, who seldom make more than one or two appearances.



It is difficult to arrange facilities for the irrigation of special cases outside of the fixed hours, as the building is also used for other purposes. This disadvantage would not be so apparent if the Clinic were held in a hospital, which might be able to make more satisfactory arrangements in this respect.

The doctors in the town are all aware that the medical officer in charge is at their services for the diagnosis or treatment of their cases, and many of them have consulted with him on the subject.

Nine doctors are on the list of those qualified to receive free samples of arsenobenzol compound, but there are also others who carry out this treatment at the Cameron Hospital.

Altogther 28 specimens of pathological material have been sent to the bacteriologist during the year by private doctors, which is an average number for the five years.

No action has been taken under the Venereal Disease Act, 1917.

*Appendices*  
29—36

MATERNITY AND CHILD WELFARE.

*Appendix*  
30

(1) *Midwives.* Excluding the staff at the Corporation Maternity Home, fifteen certified midwives notified their intention to practice during the year.

With the exception of one midwife who was reported to the Central Midwives Board, but who resigned before the Board took action, the work carried on by these women has been satisfactory. West Hartlepool, for a long time, has been one of the places where the majority of confinements were conducted by the doctors, but the midwives are gradually getting more of this work, and now the position is that it is roughly divided between the two.

*Appendix*  
31

It was found necessary to send for doctors' help in 156 cases on account of emergencies and complications. The

fact that 15 of these took place before the time of confinement suggests that the Midwives are giving more attention to ante-natal care. They are certainly examining more urines, and many of them bring cases to the ante-natal clinic.

(2) *Maternity and Child Welfare Scheme.* On its initiation several years ago there was no co-ordination between the local authority and the doctors, and the latter rather resented the idea of Corporation nurses "poking their noses" into cases in their practice. That feeling has now disappeared. The procedure was adopted five years ago of stamping on the birth notification forms "Do you wish a Health Visitor to visit this case—Yes or No." At first a negative answer was returned in the very great majority of cases. When, however, it was realised that we weren't out to interfere but rather to help there seemed to be a complete change over, and that will be appreciated when one notes that during 1925, of 1,599 births 1,468 were visited by the health visitors, giving advice on the hygiene and general care necessary at such times, and in many cases carrying out doctor's instructions.

The Local Authority hold four child welfare centres where mothers may bring their babies to be weighed and receive advice from the medical officer in charge of the centre. All babies up to five years of age are welcomed, and we are as anxious to see the fit and well as we are to see the ailing. Advice is given to the mothers on how to keep their children well, and if the child shews any sign of disease the parents are at once advised to take the infant to their own doctor for treatment. The incentive to early treatment of disease cannot be too strongly emphasised to these mothers, and many of them are inclined to put off and put off until irreparable damage has been caused to the young body. The popularity of the Centres is shown by the figures of 7,437 attendances made in 1925, as compared with 2,332 in 1921. The child welfare centres undoubtedly form one of the best field for propaganda. It is an interesting

*Appendices*  
32—35



fact, the death-rate of infants attending the Centres (56) is less than half of that amongst infants who have never attended any of the Centres.

An invitation has been issued to midwives to attend the Child Welfare Centres, and some of them have availed themselves of this.

Health visitors have made 5,754 visits to the homes of babies and 449 to expectant mothers. A clinic was established during the year for the visits of ante-natal mothers.

This has been an experiment, and it is thought that the success of this would be more apparent if the clinic were run in conjunction with the Maternity Home.

*Appendix*  
46

The Corporation possess a Maternity Home, known as Grantully, of sixteen beds and a small detached isolation block of two beds. This home is for the benefit of poor people whose home conditions are bad or who have had trouble with their previous confinements. A scale of fees is in force according to salary, but many of the cases come much below the scale and these are dealt with by the Committee. No woman has been denied the benefits of the home on account of poverty, but much has been done in a fortnight for many poor undernourished mothers who have taken advantage of the facilities available for them.

There is no special institution available for mothers and children apart from the local hospitals and Workhouse infirmary.

All maternal deaths and still-births are enquired into. Three maternal deaths occurred as a result of puerperal fever, and 75 still-births were notified.

No special homes are used for un-married mothers and their illegitimate children, but special consideration is given to these at Grantully, and midwives are guaranteed their fees when dealing with these.



Dried milk is sold at cost price to mothers attending the child welfare centres, to supplement or in lieu of breast feeding, and in some cases this is given free. Nursing mothers are encouraged to persevere with the natural feeding, and are in necessitous cases granted a supply of fresh milk or dinners ; this also applies to expectant mothers who have reached their seventh month of pregnancy.

Any cases of children brought to the Centre requiring orthopædic treatment are sent with a note to one of the hospitals, or are assisted by the Crippled Children's Guild. This voluntary society open a holiday home during the summer months, primarily for crippled children, but from time to time they will take a debilitated mother. The Indigent Sick Society, too, have done much to help expectant and nursing mothers. Bedclothes and maternity outfits have been provided in a number of necessitous cases which we have referred to them, and they also have provided additional food to these cases.

3.—Puerperal fever and ophthalmia neonatorum have already been discussed in this Report (pp. 31 & 33). Epidemic diarrhoea causes us anxiety in many cases. The ubiquitous "dummy" is a custom which is difficult to kill, and even children of three and four years of age may be seen in the streets with one hanging round their necks. Pamphlets on measles, flies, diarrhoea, scarlet fever, etc., are distributed at the Centres, and also in books from the Public Library, and other information is given to the mothers by the Health Visitors who go to the homes.

### CONTAGIOUS DISEASES OF ANIMALS.

Mr. Hoadley, M.R.C.V.S., Veterinary Surgeon under the Contagious Diseases of Animals Act, reports as follows :

"There have been eleven cases of parasitic mange and three cases of swine fever (suspected). These are all the cases that have arisen under the Contagious Diseases of Animals Act during 1925."

## APPENDIX 1.

### PUBLIC HEALTH STAFF.

Medical Officer of Health, School Medical Officer, etc.,  
\* GORDON LILICO, M.B., Ch.B., D.P.H.

Assistant Medical Officer of Health—  
\* JAMES A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

Assistant School Medical Officers (part time)—

- \* J. WATERS, M.R.C.S., L.S.A.
- \* E. SEATON COCKELL, M.R.C.S., L.S.A.
- \* EUSTACE SWANWICK, M.R.C.S., L.R.C.P.

Consultant Surgeon, Grantully Maternity Home (part time)—  
\* A. V. MACGREGOR, M.D., F.R.C.S.

Ophthalmic Surgeon (part time),—  
\* J. R. FOSTER, M.B., F.R.C.S.

School Dentist (part time)—\* E. W. MANNERS, L.D.S. (Dunelm).

Veterinary Surgeons to Corporation (part time)—  
H. HICKS, M.R.C.V.S., BENJ. HOADLEY, M.R.C.V.S.

Sanitary Inspectors and Inspectors under Sale of Food  
and Drugs Acts—  
HAROLD V. ROBINSON, C.R.S.I., JOHN T. DURKIN, C.R.S.I.

Health Visitors—\* Miss BRADSHAW (Part Gen. Trained, C.M.B. & H.V. Cert.)  
\* Miss E. WILKINSON (Gen. Trained & C.M.B.)  
\* Miss D. MASON (Gen. Trained & C.M.B.)  
\*† Miss THOMAS (Gen. Trained, C.M.B. & H.V. Cert.)  
\* Miss FIDLER (Gen. and Fever Trained & C.M.B.)  
\*‡ Miss T. MASON (Gen. Trained & C.M.B.)

Health Nurse—\* Miss F. MITCHELL (Gen. & Fever Trained & C.M.B.)

Matron Grantully Maternity Home—  
\* Miss A. NIXON (Gen. Trained, H.V. Cert. & C.M.B.)

School Nurses—\* Miss E. SMITH (Gen. & Fever Trained, C.M.B. & H.V. Cert.)  
\* Miss M. WILKINSON (Gen. Trained & C.M.B.)

Chief Clerk—T. B. CLARK.

Clerks—Miss F. CANDLER, Miss H. RIGBY, Miss M. PROUD.

Office Boy—JOHN RUTHERFORD.

Disinfectors—J. ALLEN, R. L. OLIVER.

Superintendent of Public Abattoir—J. WATSON.

Public Analyst (part time)—CYRIL J. H. STOCK, B.Sc., F.I.C.

\* Contributions to salaries under Public Health Acts or by Exchequer Grants.

† Miss Thomas resigned in November, 1925. ‡ Miss T. Mason appointed in December, 1925.

## APPENDIX 2.

## GENERAL INFORMATION.

Area (acres)	...	...	...	...	...	...	...	2,958
Population (1925)	...	...	...	...	...	(estimated)		71,590
No. of Inhabited Houses			...	...	...	(Census, 1921)		14,036
No. of families or separate occupiers	...	...				(Census, 1921)		15,053
Rateable Value	...	...	...	...	...	...		£304,270
Sum represented by a penny rate	...	...	...	...	...	...		£1,136

## APPENDIX 3.

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

		Total		M.		F.		
Births—Legitimate	...	1,536	...	786	...	750	Birth-rate (R.G.)	22.3
Illegitimate		63	...	39	...	24		
Deaths	...	...	960	...	503	...	457	Death-rate (R.G.) 13.4

Number of Women dying in, or in consequence of, Childbirth :

From Sepsis	...	3
„ Other causes	...	nil

Deaths of Infants under one year of age per 1,000 births :

Legitimate, 100 ; Illegitimate, 127 ... Total, 101.8.

Deaths from Measles, all ages	...	1
„ „ Whooping Cough	...	20
„ „ Diarrhoea (under 2 years)	...	18



## APPENDIX 4.

## BIRTHS.

	West Hartle- pool	WARDS								Inward Trans- fers	Out- ward Trans- fers
		North	West	Park	S. West	S. E.	Central	N. E.	Seaton		
Estimated Population	71,590	8,846	8,635	9,000	10,879	9,650	11,279	8,650	4,651	..	..
No. of Births	1,599	190	147	128	269	266	308	193	93	51	46
Birth Rates	22.3	21.4	17.0	14.2	24.7	27.5	27.3	22.3	19.9	..	..
Percentage of Total Births ..	..	11.8	9.1	8.0	16.8	16.6	19.2	12.0	5.8	.3	

## BIRTH RATES.

YEAR	West Hartlepool		England & Wales Birth Rate
	No. of Births	Birth Rate	
1917	1,473	22.6	17.8
1918	1,547	22.75	17.7
1919	1,677	23.98	18.5
1920	2,185	31.2	25.4
1921	2,002	28.8	22.4
1922	1,853	26.4	20.6
1923	1,740	24.5	19.7
1924	1,670	23.3	18.8
1925	1,599	22.3	18.3

NATURAL INCREASE OF POPULATION.  
RATES,

1917	1918	1919	1920	1921	1922	1923	1924	1925								
8.3	...	.7	...	7.8	...	16.6	...	14.7	...	12.8	...	13.5	...	9.3	...	8.9

## APPENDIX 5.

## MARRIAGES.

Year	No. of Marriages				Marriage Rate	
1917	...	...	530	...	...	16.3
1918	...	...	622	...	...	18.29
1919	...	...	899	...	...	25.5
1920	...	...	800	...	...	22.8
1921	...	...	594	...	...	17.1
1922	...	...	583	...	...	16.6
1923	...	...	543	...	...	15.3
1924	...	...	561	...	...	15.8
1925	...	...	539	...	...	15.05

CAUSE OF DEATH	Deaths at the Subjoined Ages of " Residents " whether occurring within or without the District.																				Total Deaths whether of " Residents " or " Non-Residents " in Institutions in the District	Increase or Decrease as compared with 1924	
	ALL AGES						Under 1 year	1 and under 2	2 and under 3	3 and under 4	4 and under 5	5 and under 10	10 and under 15	15 and under 20	20 and under 25	25 and under 35	35 and under 45	45 and under 55	55 and under 65	65 and upwards			
	1920	1921	1922	1923	1924	1925																	
							1925																
Small Pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same
Measles ... ..	19	12	25	10	24	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	—23	
Scarlet Fever ... ..	2	3	4	3	3	3	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	same	
Whooping Cough ... ..	16	8	20	5	7	20	2	9	6	...	3	...	...	...	...	...	...	...	...	...	...	+13	
Diphtheria and Membranous Croup ... ..	6	7	5	6	3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	—2	
Croup ... ..	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Fever { Typhus ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Enteric ... ..	2	6	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Other Continued ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Epidemic Influenza ... ..	38	25	43	13	60	25	...	...	...	...	...	1	1	1	1	2	4	4	7	4	...	—35	
Cholera ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Plague ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Diarrhoea and Enteritis (under 2 years) ... ..	21	34	8	9	14	18	15	3	...	...	...	...	...	...	...	...	...	...	...	...	...	+4	
Puerperal Fever ... ..	3	3	1	2	3	3	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	same	
Erysipelas ... ..	...	1	...	...	2	4	...	...	...	...	...	...	...	...	...	1	1	1	1	1	...	+2	
Other Septic Diseases ... ..	...	...	4	10	12	8	3	...	...	...	1	...	...	...	1	1	...	...	1	1	1	—4	
Phthisis ... ..	55	77	59	55	59	82	...	1	1	...	3	1	5	10	7	14	20	14	5	1	1	+23	
Tuberculous Meningitis ... ..	11	7	10	8	7	20	1	6	5	1	...	2	4	...	...	1	...	...	...	...	...	+13	
Other Tuberculous Diseases ... ..	22	16	10	12	24	9	1	2	1	...	1	1	...	...	1	1	1	...	...	...	...	—15	
Cancer, Malignant Disease ... ..	59	74	82	67	79	97	...	...	...	...	1	...	...	...	1	1	14	17	29	34	4	+18	
Bronchitis ... ..	97	85	89	65	99	66	18	4	...	1	...	1	1	...	...	...	3	3	5	30	...	—33	
Pneumonia ... ..	129	94	104	75	110	100	20	12	11	1	2	3	2	1	3	6	8	10	9	12	1	—10	
Cerebro-Spinal Meningitis ... ..	1	1	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	+1	
Poliomyelitis ... ..	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Encephalitis Lethargica ... ..	2	...	...	...	2	4	...	...	...	...	...	1	...	...	1	1	...	...	1	...	...	+2	
Pleurisy ... ..	2	2	2	1	5	4	...	...	...	...	...	...	...	...	...	...	3	...	1	...	...	—1	
Other Respiratory Diseases ... ..	19	25	19	13	19	18	2	...	...	1	...	...	...	1	...	...	2	1	3	8	...	—1	
Alcoholism and Cirrhosis of Liver ... ..	1	2	1	3	3	3	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	same	
Venereal Diseases ... ..	2	3	2	6	2	3	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	+1	
Malformations ... ..	...	...	4	5	2	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	+1	
Debility ... ..	20	11	23	15	12	12	11	1	...	...	...	...	...	...	...	...	...	...	...	...	...	same	
Marasmus ... ..	23	23	26	24	13	28	26	2	...	...	...	...	...	...	...	...	...	...	...	...	...	+15	
Premature Births ... ..	34	40	31	18	29	35	35	...	...	...	...	...	...	...	...	...	...	...	...	...	2	+6	
Diseases and Accidents of Parturition & Pregnancy ... ..	6	3	6	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—6	
Heart Disease ... ..	89	85	75	55	98	87	...	...	...	...	...	...	2	1	2	2	8	15	18	39	...	—9	
Nephritis and Bright's Disease ... ..	26	19	26	20	17	25	...	1	1	1	...	...	...	1	3	...	4	4	5	5	...	+8	
Other Violent Deaths ... ..	4	4	...	5	9	5	...	...	...	...	...	...	...	1	...	...	1	1	1	1	...	—4	
Suicides ... ..	5	7	5	5	7	5	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	—2	
Accidents ... ..	30	21	23	16	28	26	...	1	...	1	...	1	1	...	4	1	1	4	3	9	9	—2	
Appendicitis ... ..	9	2	5	3	3	2	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	—1	
All Other Causes ... ..	266	279	241	245	239	242	24	9	2	3	3	6	7	3	1	7	10	18	42	107	13	+3	
TOTAL DEATHS	1019	979	956	780	1000	960	163	52	27	12	15	17	24	20	27	38	84	95	132	254	33	+40	







## APPENDIX 7.—THE DEATHS AS THEY OCCURRED IN THE WARDS.

CAUSE OF DEATH	WARD							Trans-ferable Deaths (Work-house)	Other Trans-ferable Deaths	Total
	North	West	Park	SoWest	SoEast	Central	N East	Seaton		
Small Pox	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	...	1	1	...	...	...	1	3
Whooping Cough	3	3	...	2	6	3	1	...	...	20
Diphtheria and Membraneous Croup	...	...	...	...	...	...	...	...	1	1
Croup	...	...	...	...	...	...	...	...	...	...
{ Typhus	...	...	...	...	...	...	...	...	...	...
{ Enteric	...	...	...	...	...	...	...	...	...	...
{ Other continued	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	4	4	5	5	...	3	1	1	1	25
Cholera	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...
Diarrhoea and Enteritis (under 2 years)	...	2	1	2	2	7	2	...	...	18
Puerperal Fever	1	...	...	...	...	...	...	...	...	3
Erysipelas	1	1	...	...	...	...	...	1	...	4
Other Septic Diseases	1	...	...	1	...	2	1	1	...	8
Phthisis	4	5	5	15	...	14	9	3	...	82
Tuberculous Meningitis	2	1	...	4	3	4	1	1	...	20
Other Tuberculous Diseases	...	...	2	1	3	2	...	...	...	9
Cancer, Malignant Disease	10	10	7	12	8	11	9	6	5	97
Bronchitis	9	5	6	12	17	8	7	1	...	66
Pneumonia	10	7	7	7	20	14	8	5	1	100
Cerebro-Spinal Meningitis	...	...	...	1	...	...	...	...	...	1
Poliomyelitis	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	...	...	1	...	...	...	...	1	4
Pleurisy	...	1	...	...	...	1	2	...	...	4
Other Respiratory Diseases	2	3	1	3	3	2	2	...	...	18
Alcoholism and Cirrhosis of Liver	...	1	...	...	...	1	1	...	...	3
Venereal Diseases	...	...	...	...	...	...	...	...	...	3
Malformation	...	...	...	...	...	...	1	...	...	3
Debility	2	...	...	1	2	1	1	1	...	12
Marasmus	1	...	...	6	4	5	7	...	...	28
Premature Births	3	3	1	7	5	7	6	2	1	35
Diseases and Accidents of Parturition and Pregnancy	...	...	...	...	...	...	...	...	...	...
Heart Disease	8	4	8	7	14	13	9	6	7	87
Nephritis and Bright's Disease	1	5	1	...	1	3	6	1	3	25
Other Violent Deaths	...	1	...	...	1	...	...	1	...	5
Suicides	...	...	1	...	...	1	1	...	1	5
Accidents	1	...	1	3	3	5	3	1	3	26
Appendicitis	...	...	1	...	...	...	...	...	1	2
All Other Causes	27	19	34	32	18	26	18	10	7	242
TOTAL DEATHS	90	75	81	123	118	133	96	41	33	960





## APPENDIX 8.—INFANT MORTALITY DURING THE YEAR.

Deaths from stated causes at various ages under 1 year of age.

CAUSE OF DEATH	1925				Total Deaths under 4 weeks					1925				Total Deaths under 1 year				
	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	1925	1924	1923	1922	1921	1 & under 3 months	3—6 months	6—9 months	9—12 months	1925	1924	1923	1922	1921
Chicken Pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	1	7	2
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	2	...	...	2	3	4	6	2
Diphtheria and Membraneous Croup ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
Erysipelas ... ..	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	2	...
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	1	...	1	5	3	1	2
Meningitis (not Tuberculous) ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	1	3	1
Convulsions ... ..	5	1	...	...	6	4	7	4	4	...	2	1	...	9	7	15	13	8
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	1	1	2	2	1	5	3	5	6	2	3	18	22	27	29	31
Pneumonia ... ..	...	...	...	...	...	...	...	2	...	4	6	6	4	20	20	15	22	17
Diarrhœa ... ..	...	...	...	...	...	...	1	...	...	1	...	1	1	3	2	1	1	6
Enteritis ... ..	...	...	...	...	...	...	2	1	4	3	3	5	1	12	5	7	6	23
Gastritis ... ..	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	1	1	1
Syphilis ... ..	...	...	...	...	...	...	1	1	2	...	1	1	...	2	1	4	1	3
Rickets ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1
Suffocation (Overlying) ... ..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	...	1
Injury at Birth ... ..	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	4	...	...
Atelectasis ... ..	1	...	...	...	1	5	3	...	1	...	...	...	...	1	5	3	...	1
Congenital Malformation ... ..	1	...	1	...	2	1	3	4	1	...	1	...	...	3	1	5	4	2
Premature Birth ... ..	25	3	3	2	33	28	15	27	39	2	...	...	...	35	29	18	31	40
Atrophy, Debility, and Marasmus ... ..	6	...	7	3	16	13	23	26	16	8	9	2	2	37	22	36	49	34
Other Causes ... ..	5	2	1	...	8	5	4	5	8	4	1	1	3	17	14	8	9	17
Totals ... ..	43	6	13	6	68	59	65	75	78	27	34	20	14	163	147	160	186	192
All Causes {	40	6	12	6	64	57	64	73	76	27	32	20	14	157	144	156	183	187
	3	...	1	...	4	2	1	2	2	...	2	...	...	6	3	4	3	5





## APPENDIX 9.—Infant Mortality in the Wards.

DISEASE	North	West	Park	South West	South East	Central	North East	Seaton	Deaths in Workhouse	Other Transfer'ble Deaths	TOTAL
Atrophy, Debility and Marasmus	3	—	—	7	6	6	7	1	7	—	37
Premature Births	3	3	1	7	5	7	6	2	—	1	35
Bronchitis ...	3	1	—	2	7	3	2	—	—	—	18
Pneumonia ...	2	2	1	1	6	5	1	—	2	—	20
Measles ...	—	—	—	—	—	—	—	—	—	—	—
Gastritis and Enteritis ...	1	2	1	2	2	4	2	—	2	—	16
Convulsions ...	3	—	2	2	1	—	—	1	—	—	9
Tuberculosis ...	—	—	—	—	—	1	—	—	—	1	2
Whooping Cough	—	1	—	—	—	1	—	—	—	—	2
All other causes ...	3	—	1	3	6	4	5	—	2	—	24
Total ...	18	9	6	24	33	31	23	4	13	2	163

## APPENDIX 10.

## DEATHS.

	West Hartlepool	WARDS								Transferable deaths
		North	West	Park	S. West	S. E.	Central	N. E.	Seaton	
Estimated Population	71,590	8,846	8,635	9,000	10,879	9,650	11,279	8,650	4,651	..
No. of Deaths	960	90	75	81	123	118	133	96	41	203
Death Rates	13.4	10.1	8.4	9.0	11.3	12.2	11.7	11.1	8.8	..
Percentage of Total Deaths ..	..	9.3	7.8	8.4	12.8	12.2	13.8	10.0	4.2	21.1

## DEATH RATES.

Year	West Hartlepool		England & Wales Death Rate
	No. of Deaths	Death Rate	
1917	909	13.9	14.4
1918	1,495	21.9	17.6
1919	1,128	16.1	13.8
1920	1,019	14.5	12.4
1921	979	14.1	12.1
1922	956	13.6	12.9
1923	780	10.98	11.6
1924	1,000	13.9	12.2
1925	960	13.4	12.2

## APPENDIX 11.

## TRANSFERABLE DEATHS.

Institution						Males	Female	Total
Hartlepool Union Infirmary	..	...	...	...	...	101	69	170
Port Sanitary Hospital	...	...	...	...	...	1	1	2
Hartlepoons Hospital	...	...	...	...	...	2	3	5
County Lunatic Asylum, Sedgefield	..				..	2	—	2
York County Asylum	...	...	...	...	...	—	3	3
Royal Victoria Infirmary, Newcastle-on-Tyne						1	—	1
North Riding Infirmary, Middlesbrough	..				..	1	—	1
Other areas	...	...	...	...	...	12	7	19
Total						120	83	2 3

## APPENDIX 12.

## INFANTILE MORTALITY RATES.

Year	West Hartlepool			England & Wales Rate
	Births	Deaths	Rate	
1917	1,473	151	102.7	97
1918	1,547	259	167.4	97
1919	1,677	189	112.7	89
1920	2,185	225	102.9	80
1921	2,002	192	95.9	83
1922	1,853	186	100.3	77
1923	1,740	160	91.9	69
1924	1,670	147	88.02	75
1925	1,599	163	101.8	75



INFANT DEATHS.  
WARD MORTALITY RATES.

	West Hartle- pool	WARDS								Transfer able births or deaths
		North	West	Park	S.West	S.E.	Central	N.E.	Seaton	
No. of Births	1,599	190	147	128	269	266	308	193	93	5
No. of Deaths	163	18	9	6	24	33	31	23	4	15
Infant mor- tality Rate	101.8	94.7	61.2	46.8	89.2	124	100.6	118.6	43	..

The sexes of the children who died were :—

		1921		1922		1923		1924		1925
Males	...	114	...	103	...	90	...	86	...	87
Females	...	78	...	80	...	70	...	61	...	76
		<hr/>		<hr/>		<hr/>		<hr/>		<hr/>
Total	...	192		183		160		147		163

**APPENDIX 13.**

CANCER—DEATHS.

Year	No. of deaths		Males		Females		Death rate	Deaths from all causes		Percentage of total deaths	
1914 ...	64	...	35	...	29	...	.98	...	1,037	...	6.1%
1915 ...	59	...	27	...	32	...	.9	...	1,144	...	5.1%
1916 ...	74	...	39	...	35	...	1.13	...	937	...	7.8%
1917 ...	49	...	23	...	26	...	.75	...	909	...	5.3%
1918 ...	50	...	26	...	24	...	.73	...	1,495	...	3.3%
1919 ...	90	...	42	...	48	...	1.28	...	1,128	...	7.9%
1920 ...	59	...	25	...	34	...	.84	...	1,019	...	5.8%
1921 ...	74	...	30	...	44	...	1.06	...	979	...	7.5%
1922 ...	82	...	40	...	42	...	1.18	...	956	...	8.5%
1923 ...	67	...	30	...	37	...	.94	...	780	...	8.6%
1924 ...	79	...	46	...	33	...	1.1	...	1,000	...	7.9%
1925 ...	97	...	47	...	50	...	1.3	...	960	...	10.1%
Total ...	844	...	410	...	434						

## APPENDIX 14.

## CANCER DEATHS—PARTS OF BODY AFFECTED.

Parts affected	Age	Under 35		35 to 45		45 to 55		55 to 65		65 to 75		75 & up		Total	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Peritoneum, Intestines and Rectum ...		1	1	2	1	2	1	5	3	4	2	1	1	15	9
Stomach, Liver, etc.		—	—	—	2	1	1	6	3	6	4	1	—	14	10
Reproductive Organs		—	—	—	7	—	3	—	1	—	1	—	1	—	13
Breast ...	...	—	—	—	—	—	3	—	4	—	2	—	—	—	9
Other Glands...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mouth ...	...	—	—	1	—	1	—	3	—	2	—	—	—	7	—
Bones ...	...	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Other Parts ...	...	1	—	—	1	1	4	3	1	3	2	3	—	11	8
Total ...	...	2	1	3	11	5	12	17	12	15	12	5	2	47	50

The deaths were ascribed to:—

	No. of Deaths
Carcinoma ...	69
Sarcoma ...	6
Epithelioma ...	2
Schirrhous ...	2
Rodent Ulcer ...	2
Cancer (no classification) ...	16
Total ...	97

APPENDIX 15.—Weekly Return of Deaths from Influenza, Pneumonia and Bronchitis.

Week ending—

Disease	1/3 Jan.	10th Jan.	17th Jan.	24th Jan.	31st Jan.	7th Feb.	14th Feb.	21st Feb.	28th Feb.	7th Mar.	14th Mar.	21st Mar.	28th Mar.	4th Apr.	11th Apr.	18th Apr.	25th Apr.	2nd May	9th May	16th May	23rd May	30th May	6th June	13th June	20th June	27th June	4th July	11th July	18th July	25th July	1st Aug.	8th Aug.	15th Aug.	22nd Aug.
Influenza	2	1	5	2	1	2	3	1							2	3																		1
Pneumonia		6	3	3	4	5	1	3	1	2		1	3	4	1	3	3	2	3	4	2	2		2	3	3	2				2	1		2
Bronchitis	2	3	2	2	3	1	2	2	1		1		1			1	1	1	3	1	4		2	2	3	1	1	1						1
Totals	4	10	10	7	8	8	6	6	2	2	1	1	4	4	3	7	4	3	6	5	6	2		4	6	1	2	1	1	3	5	1		4

Week ending—

Disease	29th Aug.	5th Sept	12th Sept	19th Sept	26th Sept	3rd Oct.	10th Oct.	17th Oct.	24th Oct.	31st Oct.	7th Nov.	14th Nov.	21st Nov.	28th Nov.	5th Dec.	12th Dec.	19th Dec.	26th Dec.	27/31 Dec.	Total
Influenza										1								1		25
Pneumonia	1		1	1	3	1	1		1	1			1	3	5	4	2	3	1	100
Bronchitis			1			1	1	1	1	2		3	2	2		3	4	1	1	66
Totals	1		2	1	3	2	2	1	2	4		3	3	5	5	7	6	5	2	191

Total Deaths from Influenza, Pneumonia and Bronchitis for :—								
	1921	1922	1923	1924	1925			
Influenza	25	43	13	60	25			
Pneumonia	91	104	75	110	100			
Bronchitis	85	89	65	99	66			
Totals	204	236	153	269	191			



APPENDIX 16.—Notifiable Diseases during the Year.

DISEASE	Total Cases Notified	No, of such Cases admitted to Hospital	Total Deaths
Smallpox ... ..	30	30 <sup>2</sup>	—
Diphtheria ... ..	41	21*	1
Scarlet Fever ... ..	254	171 <sup>3</sup>	3
Enteric Fever (including Para-typhoid)	2	2*	—
Puerperal Fever ... ..	5	1 <sup>4</sup>	3
Pneumonia ... ..	219	1 <sup>5</sup>	100
Other Diseases, generally notifiable—			
Chicken Pox <sup>1</sup> ... ..	252	—	—
Erysipelas ... ..	27	1*	4
Ophthalmia Neonatorum ... ..	14	1 <sup>6</sup>	2
Encephalitis Lethargica ... ..	1	—	4
Cerebro Spinal Meningitis ... ..	1	—	1
Tuberculosis—			
(a) Pulmonary ... { M	52	10 <sup>7</sup>	48
F	37	3 <sup>8</sup>	34
Total	89	13	82
(b) Non-Pulmonary { M	36	5 <sup>9</sup>	13
F	34	3 <sup>10</sup>	16
Total	70	8	29

\* Port Sanitary Hospital.      <sup>1</sup> Notifiable for 6 months.      <sup>2</sup> Stockton 19, M'bro 11.  
<sup>3</sup> 170 Port Sanitary Hospital & 1 Middlesbrough patient removed to Middlesbrough Hospital.      <sup>4</sup> Howbeck Infirmary.      <sup>5</sup> Cameron Hospital.      <sup>6</sup> Howbeck Infirmary.  
<sup>7</sup> & <sup>8</sup> Howbeck Infirmary.      <sup>9</sup> 4 in Howbeck Infirmary and 1 in Hartlepoons Hospital.  
<sup>10</sup> 2 in Howbeck Infirmary and 1 in Hartlepoons Hospital.

DISEASE	CASES			Vision unimpaired	Vision impaired	Total Blindness	Deaths
	Notified	Treated					
		At home	Hospital				
Ophthalmia Neonatorum ...	14	13	1	14	—	—	2*

\* 1 died from Premature Birth and 1 from Convulsions.

# APPENDIX 17.

## NOTIFIED CASES OF INFECTIOUS DISEASES.—1907-1925.

	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Smallpox ..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	30
Chicken Pox ..	145	48	299	192	118	151	330	146	78	61	32	117	506	213	142	96	167	327	252+
Scarlet Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	254
Diphtheria (including Membraneous Croup	54	62	60	72	66	92	69	29	43	37	25	32	31	55	39	20	37	43	41
Erysipelas ..	32	17	24	29	20	26	35	44	35	18	23	31	30	23	19	20	18	27	27
Enteric Fever ..	15	17	9	17	17	15	7	16	11	9	1	7	4	5	8	3	5	8	2
Puerperal Fever ..	2	1	..	2	1	2	1	3	1	4	4	4	7	8	6	10	9	5	5
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-Spinal Meningitis	..	..	..	..	..	..	..	1	..	6	3	3	7	2	1	..	..	..	1
Poliomyelitis ..	..	..	..	..	..	..	..	..	1	..	..	..	2	1	..	2	3	..	..
Pulmonary Tuberculosis	..	..	..	..	31	164	211	112	127	104	134	175	118	91	130	104	100	82	89
Other forms of Tuberculosis ..	..	..	..	..	..	..	152	85	79	103	117	87	51	77	64	65	64	47	70
Ophthalmia Neonatorum	..	..	..	..	..	..	7	25	21	42	35	41	49	62	28	39	24	19	14
Measles ..	..	..	..	..	..	..	..	..	..	39	1,694	1,835	308	*	*	*	*	*	*
Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	5	1
Polioencephalitis ..	..	..	..	..	..	..	..	..	..	..	..	..	2	3	..	..	..	..	..
Dysentery ..	..	..	..	..	..	..	..	..	..	..	..	..	3	2	..	..	1	..	..
Malaria ..	..	..	..	..	..	..	..	..	..	..	..	..	45	3	..	..	..	..	..
Pneumonia ..	..	..	..	..	..	..	..	..	..	..	..	..	117	156	115	133	110	257	219
Totals ..	248	145	392	313	253	452	812	461	396	423	2,068	2,332	1,282	701	552	492	538	820	1,005

\* No longer notifiable  
+ Notifiable for 6 months of the year

APPENDIX 18.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASE.—NOTIFIED CASES, 1925.

DISEASE.	Cases Notified in Whole District.										Ward Distribution of Cases								Total Deaths in the Borough	
	At all Ages	At Age Groups—Years.									North	West	Park	South West	South East	Cent. ral	North East	Sea- ton		No. of Cases removed to Hospital
		Un- der 1	1 to 5	5 to 10	10 to 15	15 to 25	25 to 35	35 to 45	45 to 65	65 & up										
Smallpox ..	30	..	2	8	6	8	1	1	4	..	1	2	6	13	1	1	3	3	30	..
Chicken Pox* ..	252	9	82	143	14	4	..	..	..	..	27	31	24	43	65	7	25	30	..	..
Scarlet Fever ..	254	..	57	112	48	24	9	4	..	..	22	33	33	73	38	25	19	11	171	3
Diphtheria ..	41	..	11	11	6	7	3	1	2	..	3	4	3	8	5	9	6	3	21	1
Enteric Fever ..	2	..	..	..	1	..	..	1	..	..	..	..	1	..	..	1	..	..	2	..
Puerperal Fever ..	5	..	..	..	..	..	4	1	..	..	2	..	..	1	..	2	..	..	1	3
Pneumonia ..	219	18	66	28	11	24	29	13	25	5	25	29	16	40	42	31	26	10	1	100
Erysipelas ..	27	..	..	..	..	2	3	6	14	2	6	1	5	4	1	5	4	1	1	4
Ophthalmia Neonatorum	14	14	..	..	..	..	..	..	..	..	2	2	..	2	2	3	1	2	1	2
Encephalitis Lethargica	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	4
CerebroSpinalMeningitis	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Pulmonary Tuberculosis	89	..	5	3	11	21	15	21	12	1	17	7	1	13	17	21	11	2	13	82
Non-Pulmonary Tuberculosis ..	70	2	19	19	14	8	4	3	1	..	6	9	4	12	12	15	9	3	8	29
Totals ..	1005	43	243	325	111	98	68	51	58	8	111	118	93	211	183	120	104	65	249	227



WARDS.

Month	North	West	Park	S.West	S. East	Central	N. East	Seaton	Total
January	1	3	2	6	5	1	1	—	19
February	2	3	1	3	—	3	1	—	13
March	2	2	3	10	2	1	5	2	27
April	4	1	3	12	3	2	4	3	32
May	—	—	5	7	3	1	1	—	17
June	2	3	4	4	3	4	—	1	21
July	2	3	3	8	—	2	—	1	19
August	2	1	—	4	—	1	3	1	12
September	1	7	8	6	2	4	—	—	28
October	1	3	—	5	7	3	1	—	20
November	4	4	1	1	10	1	2	1	24
December	1	3	3	7	3	2	1	2	22
Total	22	33	33	73	38	25	19	11	254

WARDS

	North	West	Park	S.West	S. East	Central	N. East	Seaton	Total
Cases notified	22	33	33	73	38	25	19	11	254
Cases removed	14	17	20	51	26*	20	13	10	171
Percentage removed	63	51	60	69	68	80	68	90	67
Case rate per 1,000 population	2.4	3.8	3.6	6.7	3.9	2.2	2.1	2.3	2.3

\* Middlesbrough case removed to Middlesbrough Fever Hospital.

## APPENDIX 20.

## VACCINATION STATISTICS.

						Number
Births Registered	...	...	...	...	...	1,594
Successfully Vaccinated	...	...	...	...	...	1,059
Conscientious Objectors	...	...	...	...	...	249
Died Unvaccinated	...	...	...	...	...	102
Insusceptible	...	.....	...	...	...	5
Postponed by Medical Certificate	...	...	...	...	...	82
Removed to other districts	...	...	...	...	...	11
Lost sight of	...	...	...	...	...	20
Still under notice	...	...	...	...	...	66

Percentage of unvaccinated children for the past 9 years :

1917	1918	1919	1920	1921	1922	1923	1924	1925
24.7%	25.9%	20.3%	26.1%	28.3%	25.3%	19.8%	16.8%	15.6%

## APPENDIX 21.

## TUBERCULOSIS.

AGE-PERIODS			NEW CASES				TOTAL DEATHS			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			M	F	M	F	M	F	M	F
0 year	...		—	—	—	2	—	—	—	2
1 „	...		5	—	10	9	5	—	8	8
5 „	...		2	1	12	7	1	—	1	2
10 „	...		5	6	7	7	2	3	2	2
15 „	...		3	5	2	3	4	6	1	1
20 „	...		7	6	1	2	2	4	1	—
25 „	...		8	7	1	3	9	5	—	1
35 „	...		12	9	2	1	11	9	—	—
45 „	...		9	1	1	—	12	4	—	—
55 „	...		1	1	—	—	2	2	—	—
65 „ and upwards	...		—	1	—	—	—	1	—	—
Totals	...		52	37	36	34	48	34	13	16

APPENDIX 22.—ALL NOTIFIED CASES OF TUBERCULOSIS, 1925.

AGES	Pulmonary			Abdominal			Meninges			Joints			Spine			Other Organs			Disseminated			All Forms		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Under 1 year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1 and under 2	1	—	1	1	—	1	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	5	2	7
2—3	1	—	1	1	—	1	2	1	1	—	—	—	1	—	—	—	—	—	—	—	—	5	5	10
3—4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
4—5	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
5—10	2	—	2	2	—	2	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	4	2	6
10—15	5	1	6	2	1	3	2	1	1	3	1	2	—	—	—	1	4	5	1	—	—	14	8	22
15—20	5	6	11	2	2	4	—	2	3	3	1	3	—	—	—	—	4	5	—	—	—	12	13	25
20—25	3	5	8	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	—	—	—	5	8	13
25—35	7	6	13	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	—	—	8	8	16
35—45	8	7	15	1	—	—	—	—	—	—	—	—	—	—	—	—	2	2	3	—	—	9	10	19
45—55	12	9	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	14	10	24
55—65	9	1	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	1	11
Over 65	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Total	52	37	89	7	2	9	7	9	16	7	3	4	4	—	—	13	15	28	1	5	6	88	71	159



APPENDIX 23.

TUBERCULOSIS.—History of Notified Cases, 1925.

Form of Disease	Previ- ous history in family	No history in family	PROBABLE CAUSE												Total
			Infection	Influenza	Pneumo- nia	Debility	Bronchitis	Pleurisy	Measles	Diphth- eria	Rheuma- tic Fever	Accidents	Army	Not Known	
Pulmonary ...	32	57	18	5	13	—	3	8	2	—	1	—	3	36	89
Non-Pulmonary	21	49	14	—	3	9	—	—	1	1	—	3	1	38	70
Totals ...	53	106	32	5	16	9	3	8	3	1	1	3	4	74	159

APPENDIX 24.

TUBERCULOSIS DISPENSARY.

Treatment.—Pulmonary Tuberculosis.

50 of the 89 cases notified availed themselves of treatment under the Corporation's scheme.

	CLASSIFICATION				TREATMENT RECOM'ND'D					RESULT OF TREATMENT					
	1st Stage	2nd Stage	3rd Stage	Total	Sana- torium	Dis- pensary	Domi- ciliary	Hospital	Total	Improved	Retro- gressing	Died	Not attending	Station- ary	Total
Insured ...	14	10	8	32	18	8	4	2	32	12	7	10	—	3	32
Uninsured ...	5	6	1	12	7	3	—	2	12	3	—	5	—	4	12
Schoolchildren ...	5	1	—	6	3	3	—	—	6	5	—	—	—	1	6
Totals ...	24	17	9	50	28	14	4	4	50	20	7	15	—	8	50

Treatment.—Non-Pulmonary Tuberculosis.

70 cases were notified and 28 of these were treated.

	TREATMENT RECOMMENDED							RESULT OF TREATMENT					
	Sana- torium	Dispen- sary	Hospital	Light Treat- ment	X-Ray	Domi- ciliary	Total	Cured	Improved	Stationary	Died	Not at- tending	Tota.
Insured ...	—	—	—	1	—	—	1	—	1	—	—	—	1
Uninsured ...	1	6	—	—	3	—	10	—	8	2	—	—	10
Schoolchildren ..	3	9	1	—	2	2	17	—	14	1	2	—	17
Totals ...	4	15	1	1	5	2	28	—	23	3	2	—	28

## APPENDIX 25.

Return showing the Extent of Residential Treatment  
during the Year 1925.

			In Insti- tutions on Jan. 1st	Admitted during the year	Dischar- ged during the year	Died in the Insti- tutions	In Insti- tutions on Dec. 31st
No. of Patients	Adults	M	2	20	20	—	2
		F	—	11	7	—	4
	Children	M	1	5	2	—	4
		F	1	3	2	—	2
No. of Observation Cases	Adults	M	—	—	—	—	—
		F	—	—	—	—	—
	Children	M	—	—	—	—	—
		F	—	—	—	—	—
	Total ...		4	39	31	—	12

## APPENDIX 26.

## TUBERCULOSIS.—Sanatorium Treatment.

Name of Sanatorium	FORM OF DISEASE		Total days residence	Average residence per patient (days)	RESULTS OF TREATMENT						TOTAL COST		
	Pulmonary	Non- Pulmonary			Improved	Stationary	Retro- gressing	Died in Institution	Not tuber- culosis	Still under treatment	£	s	d
Barrasford...	29	—	2,055	71	6	14	2	—	2	5	836	3	6
Blencathra	4	—	368	92	2	—	1	—	—	1	147	10	0
Stannington	9	1	1,370	137	2	—	2	—	—	6	411	4	9
Total ...	42	1	3,793	Av.88	10	14	5	—	2	12	1,394	18	3

NOTE.—Children were sent to Stannington and adults to Barrasford and Blencathra.

Treatment at Hartlepoons Hospital.—Surgical Tuberculosis.

Number treated at different forms of disease				Total days residence	Average days residence per patient	Cost		
Lungs	Glands	Spine	Hip			£	s	d
1	5	2	2	775	77	208	2	0

APPENDIX 27.

Dispensary Treatment.

1.—Number of persons on Dispensary Register on January 1st ..	155	10.—Number of consultations with medical practitioners :—	
2.—No. of patients transferred from other areas and of “lost sight of ” cases returned .. ..	5	(a) At homes of applicants ..	5
3.—Number of patients transferred to other areas and cases “lost sight of ” .. ..	8	(b) Otherwise .. ..	—
4.—Died during the year .. ..	36	11.—Number of other visits by Tuberculosis Officers to homes ..	—
5.—Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months .. ..	8	12.—Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ..	2,460
6.—Number of attendances at the Dispensary, including Contacts	1,625	13.—Number of	
7.—Number of attendances of non-pulmonary cases at Orthopædic Out-stations for treatment or supervision .. ..	—	(a) Specimens of sputum, etc., examined .. ..	313
8.—Number of attendances at General Hospitals or other Institutions approved for the purpose, of patients for		(b) X-ray examinations made in connection with Dispensary work .. ..	—
(a) “Light ” treatment .. ..	39	14.—Number of Insured persons on Dispensary Register on the 31st December .. ..	31
(b) Other special forms of treatment .. ..	—	15.—Number of Insured persons under domiciliary treatment on the 31st December .. ..	14
9.—Number of patients to whom Dental treatment was given, at or in connection with the Dispensary .. ..	4	16.—Number of reports received during the year in respect of Insured persons :—	
		(a) Form G.P. 17 .. ..	17
		(b) Form G.P. 36 .. ..	



## APPENDIX 28.

## Summary (for reference) of Nursing Arrangements, Hospitals and Other Institutions available in the District.

## PROFESSIONAL NURSING IN THE HOME.

(a) GENERAL.—This is carried on by the Voluntary Nursing Association.

(b) INFECTIOUS DISEASES.—All cases of Ophthalmia Neonatorum and certain cases of Pneumonia and Puerperal Fever are undertaken by the Health Visitors.

(c) MIDWIVES.—Names and addresses of Midwives practising in the district are shown in Appendix 30.

## APPENDIX 29.

## Clinics and Treatment Centres.

Situation	Nature of Accommodation	By whom provided	Remarks
Maternity Centres :—			
St. Oswald's Mission Room, Dale St. ...	2 rooms	Local Authority	1 Session weekly
Men's Club, Ashburn St., Seaton Carew ...	2 „	„	„ „
Mission Hall, Alice Street	1 „	„	„ „
St. James' Mission Room, Whitby Street	3 „	„	„ „
Ante-natal Clinic, Mill House, Stranton ...	2 „	„	„ „
School Clinic, Mill House, Stranton	4 „	„	[weekly 4 minor ailments Clinics 4 Dental Clinics weekly 2 Ophthalmic Clinics 1 Clinic weekly [weekly
Tuberculosis Dispensary, Mill House, Stranton ...	3 „	„	3 Clinics weekly Men, 2 ; Women, 1
Venereal Diseases Clinic, Mill House, Stranton ...	3 „	„	

## APPENDIX 30.

Midwives Act, 1902 and 1918.

## MIDWIVES ON ROLL, 1925.

No. on Midwives Roll	Date of Certificate	Name	Address
53585	... 13 April, 1921	... Miss Daisy Barlow	... 4 Jesmond Rd.
56187	... 11 Feb., 1922	... Miss Isabella Batey	... 174 Alma Street
39605	... 21 Feb., 1914	... Mrs. Mary G. Craven	... 11 Clarendon Rd.
48706	... 10 May, 1919	... Mrs. Jane A. Coward	... 39 Waldon Street
49170	... 12 Aug., 1919	... Miss Hannah Edmonds;	143 Stockton Rd.
4188	... 28 April, 1904	... Mrs. E. Gill	... 13 Hopps Street
46066	... 11 August, 1916	... Miss Helen M. Granger, "Amalinda,"	Windermere Rd.
772	... 28 Jan., 1904	... Mrs. Lydia Herdman	... 14 Commercial St., Middleton, H, pool
58626	... 14 October, 1922	... Miss Elizabeth A. Street,	28 Windsor Street
34761	... 28 October, 1911	... Mrs. Annie E. Skeen	... 39 Waldon Street
55125	... 13 Aug., 1921	... Mrs. Annie Young	... 7, Albion Street
61948	... 12 Dec., 1923	... Miss Lucy M. Lovat	... 9 Kimberley Street
41264	... 20 Feb., 1915	... Miss Avis Nixon	... Grantully Mat. Home
63519	... 14 June, 1924	... Mrs. Mary A. Mitchell	... 93 Chatham Road
64019	... 9 Aug., 1924	... Mrs. Margaret Massey	... 46 Brunswick Street
63984	... 9 Aug., 1924	... Miss Esther King	... 42 Reed Street

## APPENDIX 31.

**Conditions for which Doctors were summoned in an Emergency by  
Midwives.**

## PREGNANCY—

Ante-Partum Hæmorrhage	6
Vaginal Hæmatoma ..	1
Abortion .. ..	3
Threatened Abortion ..	1
Miscarriage & Hæmorrhage	1
Illness of Patient ..	3
	—15

## PUERPERIUM—

Post-Partum Hæmorrhage	1
Abscess of Breast ..	2
Rise of Temperature	7
Swelling of feet & legs	1
Other causes .. ..	3
	—14

## LABOUR—

## Presentation :

Malpresentation ..	1
Prolapsed Cord ..	3
Breech .. ..	4
Foot .. ..	1
Occipito-posterior ..	3
Uterine Inertia .. ..	1
Eclampsia .. ..	1
Contracted Pelvis ..	1
Narrow Pelvis ..	1
Prolonged Labour ..	21
Difficult Labour ..	4
Perineal Tear .. ..	14
Adherent Placenta ..	2
Lacerated Labia ..	1
Hæmorrhoids .. ..	1
Illness of mother ..	8

—67

## INFANT—

Inflammation of Eyes	16
Spina Bifida .. ..	1
Premature Birth ..	6
Feebleness .. ..	6
Rash .. ..	3
Convulsions .. ..	3
Still Birth .. ..	12
Jaundice .. ..	2
Tongue Tie .. ..	3
Other causes ..	8

—60

Total .. 156



**APPENDIX 32.—Infant Welfare Centres.**

Centre	Total No. of children attending Centre	Total attend- ances	No. of children who made first attend- ances	No. of visits made by these children	No. of children who attended previous year	No. of visits made by these children	No. of new attenders under one year of age	No. of new attenders between 1—5 years
Dale Street ...	370	2,168	181	1,242	189	926	132	49
Alice Street ...	322	1,810	167	1,132	155	678	114	53
Seaton Carew ...	50	426	23	159	27	267	19	4
Whitby Street ...	484	2,882	240	1,494	244	1,388	159	81
Total ...	1,226	7,286	611	4,027	615	3,259	424	187

**APPENDIX 33.—Total Attendances at Maternity and Child Welfare Centres.**

Centre	CHILDREN		Ante- Natal	Total 1925	Total 1924	Total 1923	Total 1922	Total 1921
	Under 1 year	Over 1 year						
Dale Street ..	1,241	927	24	2,192	2,337	2,215	1,051	304
Alice Street ...	1,058	752	3	1,813	1,408	1,011	766	383
Seaton Carew ..	285	141	9	435	356	259	305	228
Whitby Street *...	1,554	1,328	1	2,883	2,387	1,646	1,324	1,413
Mill House —ante-natal...	—	—	114	114	—	—	—	—
Total ...	4,138	3,148	151	7,437	6,488	5,131	3,446	2,328

\* This Clinic was previously held at Mill House.

## APPENDIX 34.

## Defects found in Infants attending at Clinics.

DISEASE	CENTRE				Total
	Dale Street	Alice Street	SeatonCarew	Whitby St.	
Rickets ... ..	14	19	2	23	58
Hernia... ..	3	7	1	4	15
Bronchitis ... ..	10	17	3	35	65
Diarrhoea, sickness due to improper food, etc. ...	3	8	7	20	38
Skin Disease ... ..	16	16	3	25	60
Ringworm ... ..	2	1	—	2	5
Phimosis ... ..	2	1	—	3	6
Improper Feeding, etc. ...	37	41	8	73	159
Ophthalmia Neonatorum ...	4	—	—	3	7
Other Defects ... ..	18	48	3	65	134
Total ... ..	109	158	27	253	547

## APPENDIX 35.—Methods of Feeding (First Attenders).

Method	ALL CENTRES		
	Regular Hours	Irregular Hours	Total
Natural (breast) ... ..	183	78	261
Artificial (various) ... ..	66	62	128
Combined (Natural and Artificial) ... ..	17	26	43
Children over 1 year—various diets ... ..	121	46	167
Breast-feeding over 1 year of age ... ..	—	12	12
Total ... ..	387	224	611

## APPENDIX 36.

### MATERNITY AND CHILD WELFARE.

STATISTICS FOR THE YEAR, 1925.

POPULATION (according to the Census of 1921) .. 68,641.

#### BIRTHS—

Registered	(1) Legitimate, 1536	(2) Illegitimate, 63	(3) Total, 1,599
Notified within 36 hours of Birth	(1) Live Births, 1,537	(2) Still Births, 75	(3) Total, 1,612
	(1) By Midwives, 776	(2) By Parents and Doctors, 836	

#### INFANT DEATHS—

Number	(1) Legitimate, 154	(2) Illegitimate, 8	(3) Total, 162
Rate per 1,000 Births	(1) Legitimate, 100	(2) Illegitimate, 127	(3) Total, 102

#### MATERNAL DEATH—

Number of Women dying in, or in consequence of, Childbirth—

(1) From Sepsis, 3.	(2) Other causes, —
---------------------	---------------------

#### MIDWIVES—

Number practising in the District. (1) Trained, 16 (2) Untrained, —

Number of cases attended in 1925, 776.      Number of cases in which medical aid was summoned, 156.

Number of maternal deaths notified in accordance with Rule E 22 (1) (b) of the Central Midwives Board, —.

#### HEALTH VISITORS. Visits paid by Health Visitors during the year—

To Expectant Mothers	.. (1) First Visits, 213	(2) Total Visits, 449
To Infants under 1 year	.. (1) First Visits, 1,468	(2) Total Visits, 5,754
To Children 1-5 years	.. Total Visits, 2,932.	

### Municipal Centres and Clinics.

Address	Whether Sessions are held weekly, fortnightly, etc.	Day and Time of Meeting	Average Attendance per Session		Present arrangements for Medical supervision
			Expectant Mothers	Children	
Dale St. Mission ..	Weekly	Monday, 2-30	....	41	Asst. M.O.H.
Alice St. Mission ..	do.	Wednes. 2-30	....	34	Asst. M.O.H.
Men's Club, Seaton Carew ..	do.	do.	....	8	M.O.H.
Whitby St. Mission	do.	Thurs 2-30	....	55	Asst. M.O.H.
Mill Ho., Stranton .. (Ante-natal Clinic)	do.	Friday 2-30	4	....	Asst. M.O.H.



**Infectious Diseases.**

	Number of cases notified	Number of cases visited	Arrangements made for nursing and terms	Number of cases nursed	Number of cases removed to hospital
Ophthalmia Neonatorum	14	14	Health Visitors under Doctors instructions	2	1
Puerperal Fever .. ..	5	5	Health Visitors under Doctor's instructions	1	1
Measles and German Measles (Children under 5)	NOT NOTI- FIABLE	..	.....	..	..
Whooping Cough do.		..	.....	..	..
Epidemic Diarrhoea do.		..	.....	..	..
Poliomyelitis do.	..	..	Following- up is carried out by the Health Visitors	..	..

**APPENDIX 37.****Venereal Diseases.—Centres at which West Hartlepool  
Patients were Treated.**

FORM OF DISEASE	CENTRE OR HOSPITAL				Total
	Treatment Centre, West Hartlepool	Cameron Hospi- tal, West Hartlepool	Deans Hospital, South Shields	Dreadnought Hospital Greenwich	
Syphilis ...	39	17	—	3	59
Soft Chancre ...	3	—	—	—	3
Gonorrhœa ... ..	60	—	—	2	62
Conditions other than Venereal ...	24	—	1	—	25
Total	126	17	1	5	149

630 Doses of Salvarsan or its substitutes were given to the above patients.

## APPENDIX 38.

Venereal Diseases.—Examination of Pathological Material.  
Corporation Centre.

	For detection of			For Wasser- mann Reaction
	Spirochetes	Gonococci	Other Organisms	
(a) Specimens which were examined at and by the Medical Officer of the Treatment Centre ... ..	—	81	65	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ... ..	—	—	—	70

## APPENDIX 39.

## Venereal Diseases.—Attendances at Corporation Clinic.

	Year	Syphilis		Soft Chancre		Gonorrhœa		Conditions other than Venereal		TOTAL	
		M	F	M	F	M	F	M	F	M	F
Total attendances of all persons at the out-patient Clinic who were suffering from ... ..	1922	324	168	21	—	3410	628	34	18	3792	814
	1923	478	269	44	—	3282	1112	40	3	3844	1385
	1924	403	185	28	—	3374	552	24	6	3829	744
	1925	493	179	24	—	3052	370	26	10	3598	559
Aggregate number of "In-patient days" of treatment given to persons who were suffering from	1922	39	—	—	—	221	105	—	—	260	105
	1923	35	8	—	—	—	63	—	—	35	71
	1924	—	56	—	—	36	30	—	—	30	86
	1925	—	—	—	—	138	—	—	—	138	—

NOTE.—The Clinic was opened in November, 1921.

		West Hartlepool	Others	Total	Average Attend- ance
(a) Persons attending the Clinic for the first time, with average attendance per case	1921	41	8	49	—
	1922	140	37	177	8.4
	1923	117	63	180	10.0
	1924	111	84	195	7.2
	1925	126	75	201	7.3
(b) Attendances at out-patient Clinic, Mill House, West Hartlepool.. ..		Males	Females	Total	
	1922	1,134	372	1,506	
	1923	1,249	567	1,816	
	1924	1,094	325	1,419	
	1925	1,190	285	1,475	
(c) Intermediate attendances for irrigation, etc...	1922	2,658	442	3,100	
	1923	2,595	818	3,413	
	1924	2,735	419	3,154	
	1925	2,408	247	2,682	

[illegible]



APPENDIX 41.

Venereal Diseases.—Examination of Pathological Material—  
Other Centres.

	For detection of			For Wasser- mann Reaction
	Spirochetes	Gonococci	Other Organisms	
(a) Specimens which were examined at and by the Medical Officer of the Treatment Centre ... ..	—	2	—	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ... ..	—	—	—	45

APPENDIX 42.

Venereal Diseases.—Salvarsan Substitutes Used.

Centre	Novarsenobillon	
	Initial Dose	Final Dose
Treatment Centre, West Hartlepool	.3 gm.	.75 gm.
Cameron Hospital, do.	.3 gm.	.6 gm.

Hours of Attendance.

MALE CLINICS : Mondays and Thursdays, 6-30 p.m.  
IRRIGATION : 7-30 to 8-30 a.m., 6-30 to 8 p.m. daily, except Sundays.  
FEMALE CLINICS : Fridays, 2-30 p.m.  
IRRIGATION : Mondays, Wednesdays and Fridays by arrangement.  
Special Arrangements may also be made for certain cases who cannot  
attend at those times.

## APPENDIX 43. POOR LAW RELIEF.

### IN-DOOR RELIEF.

1.—Number of persons admitted to the Workhouse :

	1921	1922	1923	1924	1925
For Indoor Relief ..	830	824	796	882	1,014
For Medical Treatment ..	702	680	590	752	857

2.—Number of persons in Workhouse on—

1st January					
1921	1922	1923	1924	1925	1926
259	330	347	346	354	380

Excluding colony patients.

### OUT-DOOR RELIEF.

3.—Number of new cases applying for out-door relief was :

	1921	1922	1923	1924	1925
Men .. ..	2,094	3,430	3,772	2,330	1,331
Women .. ..	1,852	3,103	3,496	2,336	1,424
Children .. ..	4,083	5,143	6,992	5,167	2,380
Total ..	8,029	11,676	14,260	9,833	5,135

4.—Number of persons receiving out-door relief on—

1st January						
	1921	1922	1923	1924	1925	1926
Men ..	63	1,098	775	586	186	565
Women ..	283	1,356	1,119	895	586	876
Children ..	331	3,031	2,303	1,683	703	1,081
Total ..	677	5,485	4,197	3,164	1,475	2,522

5.—The number of new cases applying for out-door medical relief only :

	1921	1922	1923	1924	1925
Men .. ..	33	53	64	35	45
Women .. ..	64	91	99	133	149
Children .. ..	49	98	100	133	173
Total ..	146	242	263	301	367

6.—Number receiving out-door medical relief who are also in receipt of out-door relief as above (No. 4) :

	1921	1922	1923	1924	1925
Men .. ..	7	12	4	10	35
Women .. ..	15	22	15	22	46
Children .. ..	7	30	7	21	59
Total ..	29	64	26	53	140

#### APPENDIX 44.

#### HOSPITALS PROVIDED OR SUBSIDISED BY THE LOCAL AUTHORITY.

1.—Tuberculosis	...	Yearly Subscriptions are paid to the Hartlepoons Hospital.
2.—Maternity	...	Grantully Maternity Home
3.—Children	...	Nil
4.—Fever	...	Subsidised (Port Sanitary Hospital)
5.—Smallpox	...	Provided by Port Sanitary Authority, who have an arrangement with the Stockton Corporation
6.—Other	...	Yearly Subscriptions are paid to the Cameron Hospital and Hartlepoons Hospital.

#### APPENDIX 45.

#### Hospital Relief.—Cameron Hospital.

	YEAR				
	1921	1922	1923	1924	1925
Beds available daily .. ..	42	50	50	50	50
Average number of patients (resident)	39	49	46	43	45
Number admitted as in-patients ..	811	702	730	806	838
Average number days residence per patient .. ..	18	19	22	17	18
Operations .. ..	569	561	607	636	638
Deaths .. ..	36	28	33	29	26
Number of out-patients .. ..	682	595	564	545	488



## APPENDIX 46.

## "GRANTULLY" MATERNITY HOME,

WESTBOURNE ROAD, WEST HARTLEPOOL.

## REPORT FOR YEAR ENDED 31ST DECEMBER, 1925.

Number of Beds .. 16.      \*Isolation Block .. 2.

1.—Number of cases in the Home on 1st Jan., 1925	6
2.—Number of cases admitted during 1925 .. ..	238
3.—Average duration of stay .. .. .	15 days
4.—Number of cases delivered by (a) Midwives ..	33
(b) Doctors ..	205
5.—Number of cases in which medical assistance was sought by the midwife, with reasons for requiring assistance .. . . .	19
(a) Ante-natal .. .. .	Nil
(b) During Labour .. .. .	1
(c) After Labour .. .. .	16
(d) For Child .. .. .	2
6.—Number of cases notified as puerperal sepsis, with result of treatment in each case .. ..	None
7.—Number of cases in which temperature rose above 100.4 for 24 hours, with rise of pulse rate ..	2 (1 diagnosed kidney) (1 diagnosed Bacilli Coli)
8.—Number of cases of pemphigus neonatorum ..	None
9.—Number of cases notified as ophthalmia neonatorum, with result of treatment in each case ..	1. Very slight ; cleared up in a few days
10.—Number of cases of "inflammation of the eyes," however slight .. .. .	None

\* The Isolation Block was opened in 1925.

			4	{ 1 Abscess of breast 1 Inactive glands—mother 1 Not strong enough to be troubled 1 By doctor's orders
11.—Number of infants not entirely breast-fed while in the institution, with reasons why they were not breast-fed .. .. .	14	partially fed (including 12 twins) due to delayed lactation		
12.—Number of maternal deaths, with causes ..	1	Chronic Nephritis, had adherent placenta		
13.—Number of foetal deaths (a) stillborn, and (b) within 10 days of birth and their causes, and the results of the post-mortem examination if obtainable.. .. .	5	Still-births		
	3	within 10 days		
	1	never breathed strongly after birth ; mother had persistent sickness during pregnancy		
	2	premature births		

## APPENDIX 47.

### LIST OF ADOPTIVE ACTS, BYE-LAWS and LOCAL REGULATIONS RELATING TO PUBLIC HEALTH.

*Local Act.*—West Hartlepool Extension and Improvement Act, 1870.

#### *Local Orders.*

Bye-Laws regulating :—Public Bathing, 1887 ; Slaughter Houses, 1896 , Public Abattoirs, 1917 ; Common Lodging Houses, 1888 ; New Streets and Buildings, 1899 ; Dairies, Cowsheds and Milkshops, 1891 ; Means of Escape in case of Fire (Factory and Workshops), 1914 ; Public Market, 1892 ; Good Rule and Government against Spitting, 1908 ; Sanitary Conveniences, 1909 ; Tents, Vans and Sheds, 1921 ; Houses—let-in—Lodgings, 1922 ; Offensive Trades, 1917.

Adoptive Acts.

Infectious Disease (Notification Act), 1889 ; Infectious Disease (Pre-vention) Act, 1890 ; Public Health Acts Amendment Act, 1890 ; Noti-fication of Births Act, 1907 (adopted 7/1/13) ; Public Health Acts Amendment Act 1907, Parts 5, 6 and  
Sections 16, 18, 19, 20, 22, 25, 26, 27, and 33 comprised in Part II. ;  
,, 34, 35, 36, 37, 38, 39, 40, 41, 42, 45, 46, 47, 48, 49, 50 and 51 comprised in Part III. ;  
,, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 65, 66 and 68 com-prised in Part IV. ;  
,, 95, comprised in Part X., came into force on the 8th Feb., 1909.  
Publie Health Act, 1925, Parts II. to V. inclusive come into oper-ation on 1/4/26.

APPENDIX 48.—Drain Testing.

Water Tests	Smoke Tests	TESTS IN WARDS								Drains examined
		North	West	Park	S. West	S. East	Central	N East	Seaton	
29	2	—	11	5	4	—	9	1	1	<del>22</del> 22.

APPENDIX 49.—Conversions.

Type of convenience converted into w.c. and circular pan	CONVERSIONS IN VARIOUS WARDS								
	North	West	Park	SWest	S East	Cent.	NEast	Seat'n	Total
Privies & Ashpits	—	5	4	6	—	11	1	2	29
Privy Pans ...	—	7	1	—	—	—	—	—	8
	—	12	5	6	—	11	1	2	37

In addition the Borough Engineer under the Scheme set out in the 1924 Report, converted 925.



### APPENDIX 50

#### Circular Pans Provided.

	WARDS								Total
	North	West	Park	S West	S East	Cent.	NEast	Seat 'n	
Privies, &c.,abolished & circular pans provided ...	—	4	2	4	—	2	1	7	20
Ashpits abolished & circular pans provided ...	—	17	19	8	2	34	5	3	88
Ashpit abolished & tipping bin pro- vided ...	—	—	—	—	—	—	1	—	1

### APPENDIX 51.

#### SCAVENGING—DISPOSAL OF HOUSE REFUSE.

##### Refuse Collected and Disposed of.

Year ended 31st December, 1925			NUMBER OF LOADS COLLECTED					NUMBER OF LOADS DESTROYED	
Month			Night	Day	Total	Taken to Farms	Taken to Destr.	Sundry	Total including Destr.
January	...	...	326	1622	1948	360	1588	115	1703
February	...	...	245	1253	1498	208	1290	86	1376
March	...	...	209	1314	1523	261	1262	94	1356
April	...	...	154	1309	1463	218	1245	105	1350
May	...	...	155	1711	1866	253	1613	125	1738
June	...	...	111	1141	1252	120	1132	111	1243
July	...	...	117	1432	1549	229	1320	113	1433
August	...	...	103	1392	1495	202	1293	148	1441
September	...	...	88	1209	1297	181	1116	95	1211
October	...	...	115	1623	1738	249	1489	216	1705
November	...	...	92	1366	1458	239	1219	178	1397
December	...	...	105	1842	1947	438	1509	179	1638
1925			1820	17214	19034	2958	16076	1565	17041
1924			4079	14795	18874	4393	14481	2913	17394
1923			5083	13964	19047	3333	15714	1710	17424
1922			5570	13619	19189	2964	16235	2507	18742
1921			5816	13216	19032	3802	15230	3550	18780

## APPENDIX 52.

## SANITARY INSPECTION OF THE DISTRICT.

Inspections were made as follows :—

## Number

6,107 Visits to Dwelling-houses, Shops and other premises.

106 „ Factories and Workshops.

50 „ Bakehouses.

98 „ Houses-let-in-Lodgings.

31 „ Common Lodging Houses.

75 „ Dairies, Cowsheds and Milkshops.

189 „ Fish, Fruit and Meat Shops.

21 „ Ice Cream Shops.

154 Visits to Abattoir.

2 Drains tested with smoke.

29 „ „ „ water.

22 „ examined.

256 Complaints attended to.

1,433 Informal Notices served.

635 Statutory Notices served (includes notices under Public Health Act, Amendment Act, 1907, for conversion of privies and pail closets).

## APPENDIX 53.

Defects or Nuisances discovered and dealt with are given below :

								Number Reported
Drain not properly trapped	...	...	...	...	...	...	...	1
„ defective	...	...	...	...	...	...	...	9
„ stopped	...	...	...	...	...	...	...	52
Dirty dwellings and workshops	...	...	...	...	...	...	...	23
Defective yard pavements	...	...	...	...	...	...	...	54
„ spouts and fall-pipes	...	...	...	...	...	...	...	252
„ dwelling-house roofs	...	...	...	...	...	...	...	215
„ and dilapidated dwellings	...	...	...	...	...	...	...	12
„ privies and ash-pits, etc. (converted into water-closets, etc.)	...	...	...	...	...	...	...	—*
Dirty and defective bakehouses	...	...	...	...	...	...	...	2
Defective water-closets	...	...	...	...	...	...	...	217

\* 323 Statutory Notices were served for the conversion of privies, etc., under scheme set out in 1924 Report.

Abate Overcrowding ... ..	...	...	...	...	...	19
Cleanse and Repair Cowsheds ....	...	...	—	...	...	1
Accumulation of manure ... ..	...	...	...	...	...	6
Animals improperly kept ... ..	...	...	...	...	...	22
Defective or absent dust-pans ... ..	...	...	...	...	...	560†
„ ash-closet doors ... ..	...	...	...	...	...	130
Dirty rain-water wells ... ..	...	...	...	...	...	68
No supply of drinking water ... ..	...	...	...	...	...	13
Other nuisances ... ..	...	...	...	...	...	714
Total ... ..						2,370

† Includes circular-letters for ash-pits to be abolished and circular pans to be provided.

## APPENDIX 54.

### PUBLIC ABATTOIR.

#### ANIMALS SLAUGHTERED AT ABATTOIR.

5 YEARS ENDING 1925.

Year	Beasts	Sheep	Calves	Pigs	Total
1921	2,786	10,087	224	6,385	19,482
1922	2,986	9,371	239	5,868	18,464
1923	2,924	8,165	401	5,186	16,676
1924	3,074	8,195	338	7,054	18,661
1925	3,340	8,665	331	7,694	20,030
Totals...	15,110	44,483	1,533	32,187	93,313

## APPENDIX 55.

### TUBERCULOSIS IN ANIMALS SLAUGHTERED AT ABATTOIR.

Kind of Animal	No. Totally Condemned	No. Partially Condemned
Cows ... ..	8	50
Heifers ... ..	3	16
Bullocks ... ..	—	3
Pigs ... ..	4	—
Total ... ..	15	69



**APPENDIX 56.****ORGANS AND PARTS OF CARCASSES DESTROYED FOR DISEASE OTHER THAN TUBERCULOSIS.**

DISEASE	Part of Carcase and all Offal	Part of Carcase & part of Offal	Tongues	Heads	Lungs	Livers	Stomachs	Udder	Kidneys	Skirt	Intestines
Flukes ...	...	...	...	...	...	229	...	...	...	...	...
Cysts ...	...	...	...	...	21	23	...	...	...	...	...
Abscesses ...	4	...	3	4	4	56	...	...	...	...	...
Actinomycosis	...	...	1	1	...	...	...	...	...	...	...
Nephritis ...	...	...	...	...	...	...	...	...	1	...	...
Inflammatory Conditions	...	...	1	...	148	44	2	...	...	8	3
Mammitis ...	...	...	...	...	...	...	...	7	...	...	...
Necrosis ...	...	...	...	...	...	1	...	...	...	...	...
Injury ...	...	2	...	...	...	...	...	...	...	...	...
Totals ...	4	2	5	5	173	353	2	7	1	8	3

**APPENDIX 57.****CARCASSES DESTROYED FOR DISEASES OTHER THAN TUBERCULOSIS.**

BEEF		MUTTON		VEAL		PORK	
Disease	No.	Disease	No.	Disease	No.	Disease	No.
Multiple Abscesses...	2	Jaundice ...	1				
	2		1				

**APPENDIX 58.****FOOD SURRENDERED AND DESTROYED.**

440 lbs. frozen meat	14 tins evaporated milk
10 (6-lb.) tins tongue	42½ „ milk
4 (6-lb.) tins corned beef	3 „ pears
1 tin tongue	3 „ apricots
1¾-lbs. boiled ham	3 „ greengages
18 tins of pineapples	1 „ peaches
29 tins tomatoes	1 case of pears
	1 bottle of plums

APPENDIX 60.

Public Health (Milk and Cream) Regulations, 1912 and 1917.

Report for the Year ended 31st December, 1925.

1.—Milk; and Cream not sold as Preserved Cream.

	Number of samples examined for the presence of preservative	Number in which preservative was reported to be present and percentage of preservative found in each sample
	(a)	(b)
Milk ... ..	48	Nil
Cream ... ..	Nil	Nil

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it ... Nil

2.—Cream sold as Preserved Cream—

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(1) Correct statements made ... ..	3
(2) Statements incorrect ... ..	—
Total ... ..	3
(3) Percentage of Preservative found in each sample	{ 0.12% 0.10% 0.15%
Percentage stated on statutory label ... ..	0.4%

(b) Determinations made of milk fat in cream sold as preserved cream :—

(1) Above 35 per cent. ... ..	3
(2) Below 35 per cent. ... ..	—
Total ... ..	3

(c) Instances where (apart from analysis) the requirements as to labelling or declarations of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed ... .. None

(d) Particulars of each case in which the requirements have not been complied with, and action taken ... .. None

3. Thickening substances.—Any evidence of their addition to cream or to preserved cream. Action taken where found. None

## APPENDIX 59.

## SALE OF FOOD AND DRUGS ACTS.—ADULTERATED SAMPLES.—ACTION TAKEN.

Articles Purchased	Number Analysed	Formal Samples	Informal Samples	Number genuine	Number Adulterated	No. of Sample	Nature of Adulteration	Remarks and action taken
Milk .. ..	45	45	..	39	6	291	Slightly below standard in non-fatty solids	No action taken
						292	do.	No action taken
						316	do.	No action taken
						337	do.	Warning sent to vendor
						361	Below standard in fat to the extent of 8.40%	Warning sent to vendor
						362	Slightly below standard in non-fatty solids	No action taken
Bottled Milk..	3	..	3	3	..	..	..	..
Preserved Cream	3	2	1	3	..	..	..	..
Butter ..	7	2	5	7	..	..	..	..
Margarine ..	3	3	..	3	..	..	..	..
Lard ..	3	3	..	3	..	..	..	..
Cheese ..	1	1	..	1	..	..	..	..
Tea ..	3	3	..	3	..	..	..	..
Brawn..	1	1	..	1	..	..	..	..
Sausage ..	2	2	..	2	..	..	..	..
Sausage Rolls	2	2	..	2	..	..	..	..
Meat Pastes	2	..	2	2	..	..	..	..
Chutney ..	2	..	2	2	..	..	..	..
Jams ..	17	..	17	17	..	..	..	..
Marmalade ..	4	..	4	4	..	..	..	..
Mincemeat ..	1	..	1	1	..	..	..	..
Jelly ..	2	..	2	2	..	..	..	..
Lemon Cheese	2	..	2	2	..	..	..	..
Preserved Ginger	1	..	1	1	..	..	..	..
Aerated Waters	3	..	3	3	..	..	..	..
Dried Fruits ..	7	..	7	7	..	..	..	..
Pepper ..	1	1	..	1	..	..	..	..
Mustard ..	1	1	..	1	..	..	..	..
Bread ..	2	..	2	2	..	..	..	..
Flour ..	1	..	1	1	..	..	..	..
Soup Powders	2	..	2	2	..	..	..	..
Gravy Salt ..	1	..	1	1	..	..	..	..
Ice Cream ..	1	1	..	1	..	..	..	..
Biscuits ..	1	1	..	1	..	..	..	..
Bun Flour ..	1	1	..	1	..	..	..	..
Custard Powder	1	1	..	1	..	..	..	..
Rum ..	3	3	..	3	..	..	..	..
Brandy ..	1	1	..	1	..	..	..	..
Whisky ..	5	5	..	5	..	..	..	..
Gin ..	1	1	..	1	..	..	..	..
Cod Liver Oil and Malt	7	..	7	7	..	..	..	..
Sweets..	3	..	3	3	..	..	..	..
Camphorated Oil	2	..	2	2	..	..	..	..
Olive Oil ..	1	..	1	1	..	..	..	..
Arrowroot ..	1	1	..	1	..	..	..	..
Totals .. ..	150	81	69	144	6	..	..	..





# APPENDIX 61.

## Glass in Food and Beverages.

Article	No. of Sample	Glass Receptacle	Glazed Earthenware Receptacle	Analyst's Remarks
Mincemeat .. ..	300	Yes	..	Fragments of glass, varying from 1/2000th of an inch up to 1/8th inch, this last being the largest particle observed and was found in sample No. 309. The majority were sharp-edged or pointed, and of exceedingly jagged outline Spicules of glass present.
Jam .. ..	302	Yes	..	
Meat Paste .. ..	303	Yes	..	
Jelly .. ..	306	Yes	..	
Jelly .. ..	308	Yes	..	
Jam .. ..	309	Yes	..	
Marmalade .. ..	310	Yes	..	
Jam .. ..	311	Yes	..	
Marmalade* .. ..	312	Yes	..	
Lemon Cheese .. ..	301	Yes	..	
Chutney .. ..	304	Yes	..	No glass found
Jam .. ..	307	Yes	..	
Do. .. ..	320	Yes	..	Glass 1/30th × 1/40th, 1/25th × 1/60th, 1/40th × 1/40th, 1/44th × 1/80th, 1/70th × 1/33rd, 1/100th × 1/111th of an inch
Do. .. ..	321	Yes	..	
Do. .. ..	322	Yes	..	Glass 3/8th × 5/16th, 1/34th × 1/35th, 1/40th × 1/111th of an inch, and many others
Do. .. ..	323	Yes	..	
Do. .. ..	324	Yes	..	Glass 1/200th × 1/133rd of an inch Only one particle
Chutney .. ..	329	Yes	..	
Marmalade .. ..	330	Yes	..	No glass found
Lemon Cheese .. ..	331	Yes	..	
Aerated Water .. ..	325	Yes	..	Glass 1/60th × 1/80th, 1/33rd × 1/66th, 1/220th × 1/330th, 1/250th × 1/300th of an inch
Do. .. ..	326	Yes	..	
Do. .. ..	332	Yes	..	Glass 1/100th × 1/133rd of an in. One particle only.
Do. .. ..	333	Yes	..	
Jam .. ..	566	..	Yes	Glass 1/400th × 1/500th, 1/500th × 1/700th of an inch. Only two particles noted.
Do. .. ..	567	..	Yes	
Do. .. ..	568	..	Yes	Glass 1/50th × 1/100th and smaller particles of the order of about 1/1000th of an inch.
Do. .. ..	569	..	Yes	
Preserved Ginger .. ..	570	..	Yes	Glass 1/25th × 1/33rd, 1/40th × 1/111th 1/250th × 1/200th, and 1/66th × 1/290th of an in.
Marmalade .. ..	571	..	Yes	
Jam .. ..	574	..	Yes	Glass 1/250th × 1/300th of an in. One particle only.
Do. .. ..	575	..	Yes	
				No glaze found
				One particle of glaze, 1/333rd × 1/400th of an inch
				Numerous minute particles measuring 1/1000th × 1/2000th of an inch were present and were undoubtedly vitrious particles similar to fragments obtained from glazed earthenware
				No glaze found
				5 particles of glaze 1/50th × 1/66th, 1/66th × 1/154th, 1/80th × 1/100th, 1/90th × 1/66th, 1/154th × 1/200th of an inch
				One particle of glaze found, 1/100th × 1/166th of an inch
				One particle of glass, not glaze, 1/90th × 1/660th of an inch
				Two particles, one of glass 1/66th × 1/105th of an inch, and one of glaze 1/100th × 1/200th of an inch.

\* Home-made Marmalade.

## APPENDIX 62.

COUNTY ANALYST'S OFFICE,

DARLINGTON,

30th January, 1925.

I hereby certify that I have analysed the under-mentioned sample of Town's Water, No. 585, which I received from Mr. J. T. Durkin, Inspector, West Hartlepool, on the 20th January, 1925, and that I find as follows :—

					<i>Parts per 100,000</i>
Chlorine as Chlorides	..	..	..	..	12.7750
Nitrogen as Nitrates	..	..	..	..	.1786
Ammonia .. ..	..	..	..	..	.0360
Albuminoid Ammonia	..	..	..	..	None
Oxygen Absorption	..	..	..	..	Trace
Injurious Metals ..	..	..	..	..	None
Total solid matter dried at 100 degrees C.	..				90.0000
Temporary Hardness, 24.4 degrees. Permanent Hardness, 27.2 degrees					
Colour and appearance in 2-ft. tube—Colourless, not quite clear.					
Odour when heated to 50 degrees C.	..	..			None

## MICROSCOPICAL EXAMINATION.

Minute deposit from half gallon consisting of a few particles of inert matter.

## OBSERVATIONS.

The results of the chemical analysis afford no evidence of pollution by sewage matter of recent origin; the slight want of clearness is due to the presence of particles of Carbonate of Lime, naturally contained in the water, while there is no indication of contamination by surface impurities under the microscope.

I am of opinion that the sample is of good wholesome quality for human consumption.

(Signed) CYRIL J. H. STOCK.



**APPENDIX 63.****Premises controlled by Bye-laws.**

					Number
Fried Fish Dealers	...	...	...	...	71
Marine Stores	...	...	...	...	7
Gut Scrapers	...	...	...	...	2
Tripe Boilers	...	...	...	...	4
Tallow Melters	...	...	...	...	5
Bone Boilers...	...	...	...	...	1
Common Lodging Houses	...	...	...	...	11
Registered Houses Let-in-Lodgings	...	...	...	...	32
Cowsheds and Retail Purveyors of Milk	...	...	...	...	64
Slaughter Houses	...	...	...	...	1

**APPENDIX 64.****COMMON LODGING HOUSES.**

Situation				Registered No. of Lodgers	No. of Rooms
18, Rokeby Street	...	...	...	18	6
138, Burbank Street	...	...	...	33	8
23, St. John Street	...	...	...	18	5
7, Tennant Street	...	...	...	30	8
3, Redworth Street	...	...	...	17	3
16, Mainsforth Terrace	...	...	...	56	23
2, Edward Street	...	...	...	22	4
29, George Street	...	...	...	11	3
15, Mainsforth Terrace	...	...	...	20	7
26, George Street	...	...	...	6	2
5, South Street	...	...	...	14	5
Total	...	...	...	245	74

**APPENDIX 65.**  
**DISINFECTION.**

Number of rooms sprayed and fumigated	...	...	...	702
Tuberculosis	...	...	...	122
Smallpox	..	...	...	115
Fever	...	...	...	339
Vermin	...	...	...	16
Institutions	...	...	...	64
Other	...	...	...	46
				<hr/> 702

Articles Disinfected by steam	...	...	...	...	...	5,883
				Smallpox	Other	
Beds and mattresses	...	...	50	...	466	
Pillows and bolsters	...	...	107	...	1,056	
Carpets and rugs	...	...	102	...	427	
Articles of clothing	...	...	171	...	992	
Sheets, blankets and quilts	...	220	...	1,775		
Sundry articles	...	...	120	...	397	
			<hr/> 770		<hr/> 5,113	

Number of articles destroyed by consent of owners ... 160  
(Smallpox, 8; Other, 152)

Number of houses disinfected ... 520  
(Smallpox, 22; Other, 498)

3,500 bottles of disinfectants (175 gallons) were given free during 1925

## APPENDIX 66.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1925, FOR THE COUNTY BOROUGH OF WEST HARTLEPOOL, ON THE ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901, in connection with

## FACTORIES, WORKSHOPS AND WORKPLACES.

### 1.—Inspection of Factories, Workshops and Workplaces.

*Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.*

PREMISES (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
<b>Factories</b> ... (Including Factory Laundries)	30	13	...
<b>Workshops</b> ... (Including Workshop Laundries)	121	23	...
<b>Workplaces</b> ... (Other than Outworkers' premises)	5	1	...
Total ...	156	37	...

### 2.—Defects found in Factories, Workshops and Workplaces.

PARTICULARS  (1)	Number of Defects			No. of offences in respect to which prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts * :—</i>				
Want of cleanliness ... ..	9	9	...	...
Want of ventilation ... ..	2	2	...	...
Overcrowding ... ..	...	...	...	...
Want of drainage of floors ... ..	...	...	...	...
Other nuisances ... ..	5	5	...	...
Sanitary Accommodation {	Insufficient ... ..	3	3	...
	Unsuitable or defective ... ..	19	18	...
	Not separate for sexes ... ..	1	1	...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of underground bakehouse (s. 101) ... ..	...	...	...	...
Other offences ... .. (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories & Workshops Transfer of Powers) Order, 1921.)	1	...	1	...
Total ... ..	40	38	1	Nil

\* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.



## APPENDIX 67.

## HOUSING.

Number of new houses erected during the year:—

(a) Total [including number given separately under (b)] ...	200
(b) With State assistance under the Housing Acts—	
(1) By the Local Authority ... ..	100
(2) By other bodies or persons ... ..	78

## 1.—UNFIT DWELLING HOUSES.

Inspection—(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1,789
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	427
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	34
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	1,348

## 2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1,098
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## 3.—ACTION UNDER STATUTORY POWERS.

A.—Proceedings under Section 3 of the Housing Act, 1925, (or Section 28 of the 1919 Act).

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	15
-----------------------------------------------------------------------------------------	----

- (2) Number of dwelling-houses which were rendered fit after service of formal notices—
- |                                             |     |     |     |     |     |     |    |
|---------------------------------------------|-----|-----|-----|-----|-----|-----|----|
| (a) by owners                               | ... | ... | ... | ... | ... | ... | 10 |
| (b) by Local Authority in default of owners | ... |     |     |     |     |     | 5  |
- (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... .. 0

B.—Proceedings under Public Health Acts.

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... .. 635\*
- (2) Number of dwelling-houses in which defects were remedied after service of formal notice—
- |                                             |     |     |     |     |     |     |      |
|---------------------------------------------|-----|-----|-----|-----|-----|-----|------|
| (a) by owners                               | ... | ... | ... | ... | ... | ... | 349  |
| (b) by Local Authority in default of owners | ... | ... |     |     |     |     | 286* |

C.—Proceedings under Sections 11—14 and 15 of the Housing Act, 1925 (or Sections 17 and 18 of the 1909 Act)—

- (1) Number of representations made with a view to the making of Closing Orders ... .. 2
- (2) Number of dwelling-houses in respect of which Closing Orders were made ... .. 2
- (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... .. 0
- (4) Number of dwelling-houses in respect of which Demolition Orders were made ... .. 0
- (5) Number of dwelling-houses demolished in pursuance of Demolition Orders ... .. 0
- (6) Houses demolished voluntarily ... .. 0

\* These include Statutory Notices for Conversions and the figure 286 represents conversions carried out in default of the owner under 1907 Act.

## APPENDIX 68.

## LABORATORY WORK, 1925.

SPECIMENS EXAMINED.

Sputum	..	..	T.B. + 53	}	..	313
			„ — 260			
Swabs	..		Diphtheria + 15	}	..	109
			„ — 94			
Gonococcus		..	..	..	96	
Urine	..	..	..	..	65	
Blood for Anæmia	..	..	..	..	1	
						<hr/>
Total ..						584



## APPENDIX 69.

### PROSECUTIONS, 1925.

Date	Nature of Offence	Fines £ s d	Costs £ s d	Remarks
Jan. 9	Articles of food, to wit: beans, diseased and unsound .. ..	5 0 0	..	These Beans were seized in 1924
Jan. 9	Ditto	5 0 0	..	Ditto
Feb. 2	Rum not of the nature, quality and substance demanded .. ..	5 0 0	..	This sample was taken in 1924
Feb. 2	Ditto	5 0 0	..	Ditto
Feb. 11	Tents, Vans and Sheds Bye-laws: no privy accommodation, plot of land, South Alice Street ..	0 10 0	..	Adjourned for one month; at adjourned hearing fined 10/-
Feb. 11	Tents, Vans and Sheds Bye-laws: no ash-pit accommodation, plot of land, South Alice Street ..	0 10 0	..	
Feb. 11	Tents, Vans and Sheds Bye-laws: no privy accommodation, South Alice Street .. ..	1 0 0	..	....
Feb. 11	Tents, Vans and Sheds Bye-laws: no ashpit accommodation, South Alice Street .. ..	1 0 0	..	....
Feb. 11	Tents, Vans and Sheds Bye-laws: no privy accommodation, plot of land, South Alice Street .. ..	1 0 0	..	....
Feb. 11	Tents, Vans and Sheds Bye-laws: no ashpit accommodation, plot of land, South Alice Street ..	1 0 0	..	....
Nov. 23	For failing to wear a clean, wash- able head covering and overall, contrary to the Meat Regulations 1924.. ..	1 0 0	..	....
Nov. 23	For failing to inscribe in the Rent Book the name and address of the Medical Officer of Health, Sec. 5, Housing Act 1925 (13, Mosley Street) .. ..	0 10 0	..	....
Nov. 23	For failing to give notice in writing at the commencement of the ten- ancy of the name and address of the Medical Officer of Health: Sec. 5, Housing Act, 1925, (13, Albion Street) .. ..	0 10 0	..	....
	Total .. ..	27 0 0	..	

